V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH County Washingtow



STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 305.

Vill	2 FULL NAME Elzabeth Ba	Keo St.; Ward)	[It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF E	EATH
3 51	Ex 4 COLOR OR BACE 5 SINELE, WIDOWED, WIDOWED, WIDOWED, OR OLOR OF WORD (Write the word)		22", 191 V
6 D/	(Month) (Day (Fear)	that I last saw h & allve on July	2 2 1 191 V
7 A C		and that death occurred on the date stated ab The CAUSE OF DEATH* was as follows:	ove, at 1.20, m,
(a) par (b) busi	GCUPATION Trade, protession, or Housewelle General nature of Industry, Iness, or establishment in ch employed (or employer)	Muhae Countiem (Duration)	
	RTHPLACE (State or country) Mary Land	Secondary (Duration)	.yrs
ARENTS	11 BIRTHPLACE OF FATHER (State of country) 12 MAIDEN NAME OF MOTHER	(Signed) (Address) *Seate the Disease Causing Death, or, in Causes, state (1) Means of Injury; and Tal, Suicidal, or Homicidal.	deaths from Violent (2) whether Acciden-
Δ.	13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INCORRECT RESIDENTS) At place of deathyrsmoss. State	YIS, ds
	Interment) AND HE BEST OF MY KNOWLEDGE	Where was disease contracted if not at place of death? Former or usual residence.	
15 File	(Address) Seaver Cerell Mg	Nolfsville Cemeling	DDAESS
	If more hlanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No.	o. 1. Mile

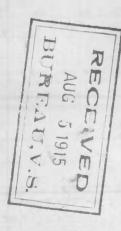


[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for mus," "Old Agc," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent)



certificate.

50

back

Instructions

Important.

1 PLACE OF DEATH STATE OF MARYLAND Vashingto CERTIFICATE OF DEATH Registration Dist. No. 4 Ilf death occurred la a hospital or Institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE DATE OF DEATH MARRIED. WIDOWED. or Divorces Married (Write the word) (Month) (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, 1 day. hrs. The CAUSE OF DEATH* was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) _____yrs____mos____ds. which employed (or employer) 9 BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) in the Where was disease contracted. If not at place of death? 15 ADDRESS If more blanks are beeded, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No.

[Approved by U. S. Census and American Public Health Association.]

duties of the honsehold only (not paid Housekeepers minc, etc. additional line is provided for the latter statement: cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coul "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in many "Forciuan,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," angualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditious, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis. nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origiu; "Cansuch, if impossible to determine definitely. Examples: mia," "Puerferal peritonitis," etc. State canse for childbirth or miscarriage as "Puerreral septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Coninjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OR HOMICIDAL, OR as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from "Senile," ctc.), "Dropsy," (Recommendations on statement of may be stated under the head of (secondary or intercurrent) "Exhanstion,"



Car	inty Mashington (3)	CERTIFICATE OF	DEATH
000	All y and aparticular de description of the control	Registration Dist.	No
VIII	age or City Clear Spring, (No. , 2FULL NAME Florance Bl.	St.; Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF I	DEATH
3 SE	emule, White, Single, Married, Wiloweo, Warried, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) 17 1 WEREBY CERTIFY, That I at	/el , 1915 (Day (Year)
6 D#	(Month) (Day (Year)	that I last saw her alive on here to	191.6
7 A G	If LESS than 1 day,hrs.	and that death occurred on the date stated ab	ove, at 8-30 A-m.
(a) par (b)	Trade, profession, or ticular kind of work. General nature of industry,		
	ness, or establishment in the mployed (or employer)	(Duration)	yrsds.
981	RTHPLACE (State or country)	Secondary (5mm)	0001-000000000000000000000000000000000
	10 NAME OF Mme Shafer,	(Signed) Decelhar Pe	yrs mos ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	State the Disease Causing Death, or, in Causes, state (1) Means of Injury; and Tal, Suicidal, or Homicidal.	deaths from VIOLENT (2) whether Acciden-
PAI	OF MOTHER Stuffey	18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN OR RECENT RESIDENTS)	
	(State or country)	Af place in the of death yrs mos, ds. State Where was disease contracted,	yrs, ds
	informant) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death? Former or usual residence	
16	(Address Pellers from M. A.	Welch Run- Teum .	Tuly 3, 1915
File	d,191Registrar		DDRESS
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto, Requesting V. S. N	o. 1. Md.

STATE OF MARYLAND

12087

1 PLACE OF DEATH



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Mauager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal menlugitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is indefinite): Tuberculesis of lungs, meninges, perilonacum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of.... mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions." "Debility" ("Conmere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of lnjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabby LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-"Dropsy," "Exhaustion," State cause for



Villag	ge or City & Rayshung (No	Registration Dist. No. 300 [If death occurred a hospital or institution give its NAME instead of street and number
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEI	Remale White WIDOWED OR OIVORCEO (Write the word)	17 I HEREBY CERTIFY That I attended deceased to
6 0A		that I last saw her alive on July 27, 191
	73 yrs mos. 2 ds. ORml	hrs.
DO (b) bus	a) Trade, profession, or criticular kind of work. D) General nature of Industry Islness, or establishment in thick employed (or employer)	Coursetts (Buration) yra mos.
9 BI	10 NAME OF FATHER	(Signed) Contributory (Burelion) yrs, mos.
RENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME 12 MAIOEN NAME 13 MAIOEN NAME	State the Disease Causing Death, or, in deaths from Violen Carses, state (1) Means of Injury; and (2) whether Accidental Suicidal or Homicidal.
V d	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIS OR RECENT RESIDENTS) At place In the of death
	(Informant) Hary Bowles (Address & harbsbrug Md.	If not at place of death?
15 File	led 7/30/ ,1915 Chas.N.Hoffmaster	20 UNDERTAKER ON WILL ADDRESS

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be write None or given up on account of the DISEASE CAUSING DEATH, Hausemaid, etc. If the occupation has been changed wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers of the second statement. mill; (a) Salesman, (b) Grocery: (a) Foreman, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Playsi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part pursuits can be known. The question If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") nequalified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee mus," on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths birth or misearriage as "Puerperal septentumma," (Puerperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of chapueumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid use of "Old Age," "Shock," "Uracmia," "Weakness," Always qualify all diseases resulting from child-The contributory (secondary or interenr-Examples: Accidental drowning, "Dropsy," Never "Exhaustion." report mere 11 hooping



V. S. No. 1.

ANEN	XACTL
PERM	Exact
IS A	uid be sited.
K-THIS	AGE she
NG IN	ay be pr
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN	N. B.—Every item of information should be carefully aupplied. AGE should be stated EXACTLY CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statem important. See instructions on back of certificate.
WITH	ild be ca ma, so back of c
INLY.	ion shou plain ter lons on
E PLA	Informat ATH in Instruct
WRIT	tem of OF DE
	CAUSE Imports
	N. N.

	OF DEATH	2015 (10)	
	hington	M	-	C
Village or City	Brownsville	(No		
	Mary	E Bro	7171	

STATE OF MARYLAND ERTIFICATE OF DEATH

Registration Dist. No. 307

-St.;----...Ward) [If death occurred is a hospital or institution, give its NAME instead of street and number.]

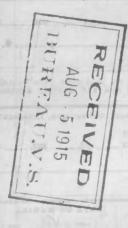
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	Sex Color or race 5 single, Married, Misselle, Williams or	16 DATE OF DEATH 7 14 , 1915 (Month) (Day (Year)
		17 I HEREBY CERTIFY, That I attended deceased from
D	ATE OF BIRTH	J. 7 1916 to J 14 1915
	(Month) (Day (Year)	that I last saw here alive on 7 1915
TAC		and that death occurred on the date stated above, at 2.30 Q.m.
	59 18 1 day,hrs.	The CAUSE OF DEATH* was as follows:
8 -	yrs mos ds OR min.?	Masania Convulsion
	CCUPATION Trade, profession, er /	Chronic relativity
par	rticular kind of work / one	
bus	General nature of industry, iness, or establishment in ch employed (or employer)	(Buration)
_	RTHPLACE	Contributory
	(State or country) The Co mel	Secondary
	10 NAME OF	(Duration)yrsmosds.
	FATHER David Jummermon	(Signed) C. D. Baston, M. D.
n.	11 BIRTHPLACE	7 15 1915 (Address) Robinsville land
Z	OFFATHER (State or country) Fred, Co mad	
AREN	12 MAIDEN NAME ann Romiller	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
1	or mother ann 1. water,	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTE,
	OF MOTHER (State or country) de Co, Cons	At place in the
4 -	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds Where was disease contracted,
	HE ABOVE IS INCE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
((Informant) Cuyang U Brown	Former or usual residence
	(Address Brownsile mil	19 PLACE OF BURIAL OR REMOVAL DATE OF SURIAL
6	(Address) 15 WWW RNULL MICK	Brownesvilla ma 72/2
	100	20 UNDERTAKER ADDRESS
File	ed July /6 , 1915	ADDRESS 7
	REGISTRAR	- Summer - Call (Man 10005

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulshould be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; essary to know (a) the kind of work and also, (b) For many occupations a single word or term on the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Screant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. been changed or given up on account of the nisease Statement of occupation-Precise statement of occupa-Spinner, thus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the nisease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, perifonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of Accidental drowning; Struck by railway train-accimia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras thenia," "Anacmia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the genital," "Seuile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Con-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (discase causing death), 29 "Dropsy," "Exhaustion," Never report



STATE OF MARYLAND

PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemail, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day luborer, Farm luborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more employed, as At school or mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grovery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, therefore an additional line At home, Care should be Locomotive engineer, But in many cases,

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"); Lobar pneumonia, indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory," SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: mus, genital," and consequences (c. g., sepsis, telanus) may be stated head-homicide; Poisoned by state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," birth or misearriage eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-"Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvulur heart disease; Chronic interstition "Tumor" for malignant neoplasms); Measles; Whooping nephritis, etc. ," "Old Age," "Shock," "Uracmia," "Weakness. by railway The nature of the injury, as fracture of skull, "Senile," etc.), "Dropsy," The contributory (secondary or intereurtrain-accident; Revolver wound of as "Puemperal septichaemia, ete. carbolic acid-probably State cause for which Never report mere (Recommendations "Exhaustion,"



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1 DI ACE OF DEATH

	PLACE OF BEATH	STATE OF MA	RYLAND	
Count	Mashington (W)	CERTIFICATE O	F DEATH	
Count		Paristruit Pi	302	
	5/	Registration Dis	st. No.	
Villag	10 or city Naglialim (No. 18, 7a	rlinger Use 2 Ward)	[If death occurred in	
		. /	a hospital or institution, give its NAME instead	
	2 FULL NAME Clarence K. U	Missinger	of street and number.]	
	FULL NAME			
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE C	OF DEATH	
3 SE)	4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH	1015-	
AAA	MARRIED, WIDOWED OR DIVORCED Harried	(Mogth)	(Dec) (Year)	
6.047	FE OF BIRTH		tended deceased from	
DAI		July /9 , 1915, to Ju	1910	
	(Month) (Day) , 1. 8.5 4 (Year)	that I last saw ham alive on	ly 19 1915.	
7 AGE		and that death occurred on the date st	ated above at 150 cm.	
	1 day, hrs.	The CAUSE OF DEATH * was as follow		
	yrs. 7 mos. ds. OR min.?	The Cause Of the All Was as rollow	250	
8 00	CUPATION			
	Trade, profession, or family like the state of the state	J	00+000 00000000000000000000000000000000	
(b)	General nature of Industry			
whi	iness, or establishment in Retried	(Dyrstion)	mos. ds.	
9 811	RTHPLACE AAAA	Contributory A Cidental	10 fall	
	(State or country)	(Question)	Mos / ds.	
	10 NAME OF 4. 41 4 Al	Q D Jana	felin .	
	1. A L. Museman	(Signed)	. > m.0	
<u>-</u>	11 BIRTHPLACE OF FATHER	(Address) 429	eiserus, 710	
M Z	(State or country)	CAUSES, state (1) MEANS OF INJURY and	in deaths from VIOLENT (2) whether ACCIDENTAL,	
PARENTS	12 MAIDEN NAME OF MOTHER	Suicidal or Homicidal.		
0	2 ans	18 LENGTH OF RESIDENCE (FOR HOSPITALS, OR RECENT RESIDENTS)	INSTITUTIONS, TRANSIENTS,	
	13 BIRTHPLACE OF MOTHER (State or country)	At place in the	,	
14		of deathyrsmosds. Stats, Whers was disease contracted,)	
14 TH	E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?		
((Informant) This Katu Chrisaingis	Former or usuat residence	· A 01 - 10 0	
	Jacon from OAtal	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL	
	(Address)	Ran. Zill	7/20 1015-	
15	The - Thouse Annie	20 UNDERTAKER	ADDRESS	
File		DOCTO - AIVI.	Man H	
	REGISTRAR	Havens Wumzl	They were	
	If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.			



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state occupation at beginning of illness. or given up on account of the disease causing death, wife, Housework, or At Home, and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Hauseonly when needed. As examples: (a) Spinner, (b) Collon business, that fact may be indicated thus: Farmer (retired Housemaid, etc. precise specification as Doy laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (c) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed If retired from (b) Auto-

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under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Uracmia," "Weakness," to determine definitely. Examples: Accidental drowning. SUICIDAL, or HOMICIDAL, or as probably such, if impossible cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valuular heart disease; Chronic interstitial rent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid use of ges, peritonacum, etc., Carcinoma, Sarcoma, etc., of..... The nature of the injury, as fracture of skull (secondary), 10 ds. The contributory (secondary or intercur-"Dropsy," Never report mere "Exhaustion," Whooping ("Con-



Coun	PLACE OF DEATH 5 12019	STATE OF MARYLAND CERTIFICATE OF DEATH
Villa	ge or City Hancoci 6	Registration Dist. No. 304
	² FULL NAME	St.; Ward) a hospital or install street and nu
77	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Male While (Write the word)	16 DATE OF DEATH COLOR (Day)
BDA	TE-OF BIRTH	17 I HEREBY CERTIFY, That I attended decease
Senter Parker	(Month) (Day) , 1 (Vear)	that I last saw h alive on ,
AG	If LESS fhan 1 day, hrs. OR min. ?	and that death occurred on the date stated above, at
8 00	CCUPATION) Trade, profession, or	
2 par	rticular kind of work	- 78 - FRETER
bus) General nature of industry siness, or establishment in ich employed (or employer)	(Buralipn) - Syra mos
	(State or country) House ge hed	Secondary
	10 NAME OF FATHER Daw Kunn	(Signed) (Qurallon) yrs, mos.
ENTS	11 BIRTHPLACE OF FATHER (State or country)	State the Dispass Cursing Death or in death from Vice
_ CC	12 MAIDEN NAME	State the Disease Causino Death, or, in deaths from Viol. Causes, state (1) Mean's jois Injury; and (2) whether Accident Suicidal or Homicidal,
PA	of MOTHER Eller Chingman	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN
0	13 BIRTHPLACE OF MOTHER (State or country) Perus	At place in the of death yrs. mos. is. State, yrs. mos. Where was disease contracted,
	(informant Mrs alicy M9, Culloug h.	If not at place of death? Former or usual residence
	(Address) Hancocs 6 Ind.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
- 11	nd 7/9, 1910 JEW Cius	P. Myrs asst Haucoci 6 h
	If more blanks are needed, address State Registrar, 1	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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PLACE OF DEATH STATE OF MARYLAND Statement o CERTIFICATE OF Registration Dist. No... Itf death occurred in a hospital or institution. give Its NAME Instead EXACTLY. of streef and number.] RECORD classified PERSONAL AND STATISTICAL PARTICULARS CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE, SEX 16 DATE OF DEATH stated MARRIED. WIDOWED OR DIVORCED (Month) EREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH pino (Month) of 7 AGE If LESS than and that death occurred on the date stated above ш 1 day, hrs. ck Ě O The CAUSE OF DEATH * was as follows: min.? OCCUPATION tha 0 (a) Trade, profession, or ilddus 800 particular kind of work (b) General nature of lodustry Instructi business, or establishment in terms which employed (or employer) 9 BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER 2 (Signed) S 11 BIRTHPLACE ENT OF FATHER *State the DISEASE CAUSING DEATH, of in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, (State or country 12 MAIDEN NAME α SUICIDAL OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 OR RECENT RESIDENTS) fa! 13 BIRTHPLACE infori S At place OF MOTHER (State or country) sf death State,yre.mes. Where was disease contracted. 14 THE ABOYE should state C if not at place of death?... Former or ususi reeldenca DATE OF BURIAL 15 ADDRESS 0 REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Baltd, Requesting V. S. No. 1.

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V. S. No. 1.

N. B.

RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT Every item of information should be CAUSE OF DEATH in plain terms, so

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important, See instructions on back of certificate.

Washington

STATE OF MARYLAND CERTIFICATE DEATH OF

Registration Dist. No....

Itt death occurred in

a hospital or Institution, give its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
udle white Single, MARRIED, Suigle. Wale white (Write the word)	16 DATE OF DEATH / / 8 , 1915 (Month) (Day (Year)
6 DATE OF BIRTH (Month) (Day (Year)	17 HEREBY CERTIFY, That I attended deceased from 7/10, 191. 191. 191. 191. 191. 191. 191. 191
TAGE It LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 4,30 m, The CAUSE OF DEATH* was as follows: Lujury to liver # Lell Bladde.
(a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	Caught Vilentin Con JB. yrs. mos. 6 ds.
State or country) Rapino, Italy.	Secondary (Duration) yrs mos 6 ds.
10 NAME OF FATHER COTTEMUCCIO 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed) And Duille M. D. 7/8, 1914 (Address) Causes, state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted,
(Interment) Alfouso Sarallo,	It not at place of death? Former or usual residence Maynesboro Pa
Filed 7/20, 196 Houry Aura REGISTRAR	United Tolow Agases Tours
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1/ Md.



[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Antomobile factory. cases, especially in industrial employments, it is nee who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Plantor, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The question tlon is very important, so that the relative healthful-Housewife, Housework, or At Home, and ehildren, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State childbirth or misearriage as "Puerperal septichaethenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertalned as the nus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (seeondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease eausing death), 29 ds.; "Dropsy," "Exhaustion," cause for



County Washington	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Hagens Journ (No. W. M. R. K.	Registration Dist. No. 302 [if death occur a hospital or instigue its NAME is of street and aun
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED HAMILA	16 DATE OF DEATH (Month) (Day)
© DATE OF BIRTH RAV. 18" 1877.	17 I HEREBY CERTIFY, That I attended deceased July 10, 1915, to July 29, 1 that I last saw how alive on July 28
7 AGE (Month) (Day) (Year) 1 day, hrs. OR min.?	that I last saw ham alive on the date stated above, at the CAUSE OF DEATH # was as follows: Lowwie Eudoestelo
(a) Trade, profession, or particular kind of work an continued Railbadswork (b) General nature of industry business, or establishment in which employed (or employer)	Ouralion of mos. Contributory Secondary
(State or country) Cuctria 10 NAME OF FERKO CUTTALIC 11 BIRTHPLACE OF FATHER (State or country) Austral 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER	(Signed) (Signed) (Signed) (Signed) (State the DISEASE CAUSING DEATH, or, in deaths from VIOL CAUSES, state (1) MEANS OF INJURY; and (2) whether Accident Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) W. Van Duffe	OR RECENT RESIDENTS) All place of death yrs. mos. ds. State, yrs. mos. Where was disease contracted, if not all place of death? Former or
(Informant) VVVI. V un organi	19 PLACE OF BURIAL GOVERNOVAL DATE OF BURIAL GOVERNOVAL J. 30.15

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. engaged in domestic service for wages, as Serront, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseof the second statement. Never return "Laborer," "Foreman,?" "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton Will; (a) Salesman, (b) Grocery; (a) Foremon, (b) Automobile factory. The material worked on may form part of the good distributed. first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil applies to each and every person, irrespective ness of various pursuits can be known. The question tion is very important, so that the relative healthfulor given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to For many occupations a single word or term on the taken to report specifically the occupations of persons know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many cases, Statement of Occupation-Precise statement of occupa-Coal mine, etc. For persons who have no occupation whatever, Women at home, who are engaged in If retired from of age.

10

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. on Nomenclature of the American Medical Association, on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by corbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from child-"Anaemia" Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephrilis, etc. cough; Chronic valualor heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sorcomo, etc., of..... or miscarriage as "Puerperal septichaemio," (merely symptomatic), The contributory (secondary, or intercur-Never report mere "Atrophy," ACCIDENTAL, important.

Changing



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

12024 1 PLACE OF DEATH Mashington



STATE OF MARYLAND CERTIFICATE OF DEATH

VII	1age or City Halfway Minole, -	St.; Ward) St.; Ward) [if death occurred in a hospital or institution, give lits NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Emale Mute Single, With Married, WIDOWED, ORDINACE (Write the word)	(Month) (Day (Year)
	ATE OF BIRTH Cafail 21, 1834. (Month) (Day (Year)	AM2 17 , 1913 to Juny 32 , 1915 What I last saw her allve on Juny 19 , 1915
7 A	S/ yrs 2 mos 5 ds. If LESS than 1 day, hrs. or min. ?	and that death occurred on the date stated above, at 3-432 m, The CAUSE OF DEATH* was as follows:
pa (b) bus	CCUPATION) Trade, profession, or ricular kind of work) General nature of Industry, siness, or establishment in	(Duration) 3 yrs mos 49
	IRTHPLACE (State or country) Ash Bolhol 100 100 100 100 100 100 100 100 100 10	Contributory Secondary Ouration yrs mos ds.
ARENTS	10 NAME OF FATHER TASSOCIETA GENERAL G	(Signed)
PA	OF MOTHER Sarah Gelling En 13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds
	(Informant) Miliam Lavis	Where was disease contracted, If not at place of death? Former or usual residence.
16 Fil	REGISTRAR	Strand Chresting had suly 5 , 1912 20 UNDERTAKER S. Kella Journan Hag 215 low Ind.
	If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a dcfinite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return -Precise statement of occupa-"Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: thenia," "Anaemia" (mercly symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



Grahen Ma.

Z. B.

PLACE OF DEATH	STATE OF MARYLAND
County Washington	CERTIFICATE OF DEATH
County 11 W. M. W. Y. M.	9/
on A .	Registration Dist. No.
Village or City Clar Nousewoll	St.: Ward) [If death occurred in
	a hospital or institution, give its NAME instead
2 FULL NAME Davi	of street and number.]
- FOLL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH Jaly 20 1915.
male White WIDOWED angle	Month) (Day) (Year)
(Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	July 20 , 1913, to July 2 , 1913,
(Month) (Day) (Year)	that last saw hem alive on they 28 1915,
7 AGE If LESS than	and that death occurred on the date stated above, at 2. C. m.
1 day, 7 hrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. OR min.?	THE CAUSE OF DEATH Was as follows.
B OCCUPATION (8) Trade, profession, or	
particular kind of work	The thirty
(b) General nature of industry	V
business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
- War and	Qura(jon) yrs ^ mos ds
10 NAME OF FATHER	(Signed) M. (January, 1960.
Alm El Maria	
of Father (State or country) Mark and.	*State the DISPASE CAYSING DEATH, or, in deaths from VIOLENT
(State or country) (any and .	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 14 A A A A A A A A A A A A A A A A A A A	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS)
OF MOTHER (State or country) Mary and	At place in the of death yrs. mos. ds. Slate, yrs. mbe. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
Manage of a in	Former or
(Informant) XIIO 292 Warry	usual residence
(Address) Williamshot MA	19 PLACE OF BURIAL OR REMOVAL
ts 0 0	Bakerprile Ma. July 22, 101.5
Filed July 21, 1915 - 11-11/1 Keithard	20 UNDERTAKER ADDRESS
ACC DREGISTRAR	albert Le of Williamshort Mix
Il more blanks are needed, address State Registrar,	16 W. Saratoga St., Balty., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, engaged in domestic service for wages, as Servont, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer." only when needed. As examples: (a) Spinner, (b) Callon write None taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary freeman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physibusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the cian, Compositor, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the Coal mine, etc. Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever, ete. If the occupation has been changed Women at home, who are engaged in Architect, Never return "Laborer," Locomotive engineer, etc., without more If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feer (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid feer (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

mus," on statement of eause of death approved by Committee and consequences (e. g., sepsis, telonus) may be stated surgical operation was undertaken. For violent deaths on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-occident; Revolver wound of to determine definitely. Examples: Accidental drowning. SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL birth or miscarriage as "Puerienal septichaemia," "Puerperal peritonitis," etc. State cause for which ete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Cona," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic vulvular heart discuse; Chronic interstitial "Tumor" for malignant neoplasms); Measles; (name origin; "Caneer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... "Old Age," "Shoek," "Uracmia," "Weakness," Always qualify all diseases resulting from child-The contributory (secondary or interenr-"Dropsy," Never report mere "Exhaustion," Whooping



	PLACE OF DEATH 12026	STATE OF MARYLAND
Coun	ityHashington	CERTIFICATE OF DEATH
	7/ + V	Registration Dist. No.
Villag	ge or City Hagerslown (No. ,)	St.; 4 Ward) [If death occurred in a hospital or institution,
	2 FULL NAME ann Sofhia	Dieffen durfer give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED OR DIVORCED OR DIVORCED OR DIVORCED	16 DATE OF DEATH Suly (Month) (Day) (Year)
6 0 A	TE OF BIRTH	HEREBY CERTIFY, That lattended deceased from
	May 13 1851	,1910, to 100, 1910,
7 AG	(Month) (Day) (Year)	that I last saw halive on the date stated above, at 230 cm
1	64 yrs. mos. ds. or min.?	
8 00	CCUPATION) Trade, profession, or	Organio high travell
par par	ticular kind of work) General nature of industry	and withinty
y bus	siness, or establishment in	(Ouralion) yrs. mos. ds.
9 BI	RTH PLACE (State or country)	Contributory Relation
	La,	Least 100 pys. moe lods.
10	10 NAME OF GEOW. Gruppa	(Signed), M. O.
RENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causino Death, or in deaths from Violent
R	12 MAIDEN NAME OA , O NO	CAUSES, state (1) MEANS OF INJURY, and (2) Whether Accidental, Suicidal or Homicidal.
PA	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country)	At place In the of death yrs. mos. da. State, yrs. mos. de.
14 TH	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease confracted, If not all place of death?
	(informant) Thomas Y. Duffinderfor	Former or usual residence
	(Address) V3 oyce Va.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	4 - 100	Wild Chapel, Va 18 191.5.
File		20. UNDERTAKER ADDRESS
	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Growery; (a) Foreman, (b) Autoonly when needed. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, The material worked on may form part As examples: (a) Spinner, (b) Collon Never return "Laborer," Locomotive engineer, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by to determine definitely. Examples: Accidental drowning; SUICIDAL, OF HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as birth or misearriage as "Puenperal septichaemia, "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," Struck by railway train—accident; Revolver surgical operation was undertaken. For violent deaths "Puenperal peritonitis," etc. State eause for which cause. "Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Broncough; Chronic vulvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles, Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of. rent) affection need not be stated unless when a definite disease can be ascertained as the Always qualify all diseases resulting from child-"Coma," The nature of the injury, as fracture of skull, "Senile," etc.), "Dropst," "Exhaustion," The contributory (secondary or intercur-"Convulsions," carbolic acid-probably "Debility" Never report mere "Atrophy," ACCIDENTAL, miportant. wound of ("Con-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND		
- Tulant	CERTIFICATE OF DEATH		
County Wash:	Registration Dist, No. 302		
11 + 171			
Village or City / Lagers Toronno 23/ Alexander St: 5 Ward) a hospital or institution,			
give its NAME Inste			
20111	of street and number.]		
²FULL NAME			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH		
7. Vista money.	(Month) (Day (Year)		
(Write the word)	17 I HEREBY/CERTIFY, That I attended deceased from		
6 DATE OF BIRTH	, 191, to , , , , , , , , , , , , , , , , , ,		
(Monty) (Day (Year)	that I last saw to allve on July 10 1915		
	1 5/ 11: A		
gestation age 3 mo If LESS than gestation	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:		
yrs	THE CAUSE OF DEATH* Was as follows:		
OCCUPATION	remature firth 3 mg		
(a) Trade, profession, or particular kind of work.	gestation.		
(b) General nature of Industry,			
business, or establishment in which employed (or employer)	(Duration) yrsmosds.		
9 BIRTHPLACE (State or country)	Contributory \$5		
(State or country) Wash Con Mid.	(Duration) mos ds		
10 NAME OF PATHER	1 7 7 7 7		
- H. asker	(Signed), M. D.		
11 BIRTHPLACE OF FATHER (State or country) 12 Maiden Name OF MOTHER OF MOTHER	1-20,191 J. (Address) Hagerolown		
(State or country)	*State the DISEASE CAUSING DEATH or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.		
M 12 MAIDEN NAME OF TO DO			
a Gara Mc Celland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,		
13 BIRTHPLACE OF MOTHER	At place In the		
(State or country)	of death yrs. mos. ds. State yrs. mos. ds.		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?		
(Informant) Mrs. C. 14. agrees	Former or usual residence.		
231 alex Aundos SX	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
(Address) & State and Stat			
4/h, 1-2/1	20 UNDERTAKER ADDRESS		
Filed / 1910 REGISTRAR	No filed		
If more blanks are needed, address State Registrar, 6 E. Franklin St. Ralto. Requesting V. S. No. 1			

194.95

[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not minc, etc. Women at home, who are engaged in the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, -Precise statement of occupa-As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for cause. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent)



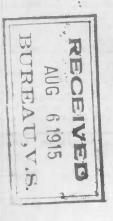
PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH OCCUPATION Registration Dist. No. Q [If death occurred in a hospifal or institution, RECORD give ifs NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 3 SEX 4 COLOR OR RACE 18 DATE OF DEATH 5 SINGLE. MARRIED. ORDIVOROLMANTE. (Month) (Write the word) I HEREBY CERTIFY That I attended deceased from DATE OF BIRTH (Month) (Day TAGE If LESS than and that desth occurred on the date stated shove, st 1 day,.....hrs. was as follows: OR 7 BOCCUPATION (a) Trade, profession, or INK particular kind of work (b) General nature of Industry. UNFADING business, or establishment in (Duration) _______ mos ___ 11 which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) ARGIN 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. PLAINLY. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the of death _____ yrs. ___ mos. __ Stafe 14 THE ABOVE IS TRUE Where was disease confracted, If not af place of death? 00 Former or OF CAUSE OF usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS m REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as minc, etc. "Manager," "Dealcr," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," The (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomcncla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent)



V. S. No. 1.

Count	washing far	CERTIFICATE Registration E	ist. No. 314
Villag	e or City Carefran, (No. ,)	St.; Ward)	[It death occurred in a hospital or institution, give its NAME instead of street and number.]
2 1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
SEX 6 OAT	COLOR OR HACE 5 SINGLE, MARRIED, WIOOWEO OR OIVORCEO (Write the word)	1 1 00 - 1	tended deceased fro
4	(Mostin) (Day) 12/2	that Vast saw him alive on	Aly 27 , 191.
7 AGE	3 to with full Butt 1 day, hrs. yrs. mos. ds. OR min.?	The CAUSE OF DEATH * was as followed the cause of DEATH * was as followed the cause of the cause	/-
(a)	CUPATION Trade, profession, or ticular kind of work		
busi	General nature of Industry iness, or establishment in ch employed (or employer)	Contributory	yrsmoe
BII	(State or country) Suculishing	Secondary	yrsmos
	10 NAME OF GEORGE. Hord,	(Signed) A. A. J. M.	1
ENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 13	*State the Disease Causing Death, Causes, state (1) Means of Injury; and Suicidal or Homicidal.	or, in deaths from VIOLENT, if (2) whether Accidental,
PAR	OF MOTHER Many Houck	18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS)	
14 TH	of MOTHER (State or bountry) ME ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	At piece of death yrs. mos. ds. St. Where wes diseese contracted, if not at piece of deeth?	ne ale,yrsmos
	(Informant) M. L. Huelle	Former or usual residence	
	(Address) Caretorin	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15	1 1	20 UNDERTAKER	ADDRESS

STATE OF MARYLAND

12029

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the disease causing death, write None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook; taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For, many occupations a single word or term on the tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in If retired from (b) Aulo-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by Struck by railway train—accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from child-birth or miscarriage as "Puerperal septicharmia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, chopneumonia (secondary), 10 ds. "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. The contributory (seeondary or intercurcough; Chronic valvular heart disease; Chronic interstitial rent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, ctc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Dropsy," "Exhaustion, carbolic acid-probably Never report mere



Cour	PLACE OF DEATH 12030	STATE OF MARYLAND CERTIFICATE OF DEATH
Villa	198 or City Hagustown, No. 240, H	Registration Dist. No
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE		16 DATE OF DEATH Sully (Month) (Day), 191
	TE OF BIRTH 23, 19/2 (Month) (Day) (Year)	that I last saw h in alive on July 1915
7 AG	Z yrs. Z ds. If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 1.1.30 cm. The CAUSE OF DEATH * was as follows:
pa (b bu wh	CCUPATION 1) Irade, profession, or ricular kind of work 1) General nature of industry siness, or establishment in lich employed (or employer) IRTHPLACE (State or country)	Encepholelis (Duration) yrs. mos. / 4 decondary
RENTS	10 NAME OF FATHER SCATT Fridinger 11 BIRTHPLACE OF FATHER (State or country)	(Signed) (Signed) (Signed) (Address) (Address) (State the Disease Causing Death, by in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental,
PA	13 BIRTHPLACE OF MOTHER (State or country) 13 MAIOEN NAME Sadi Gerhart 14 State or country)	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS) At place In the of death
14 TI	(Informant) STRUE TO THE BEST OF MY KNOWLEDGE	if not all place of death? Former or usual residence
15 File	ed 7/20, 1915 Henry Davis REGISTRAR	Place of Burial or REMOVAL Lose Will 20 UNDERTAKER Worth Hog Ald.
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

C yrs.). write None business, that faet may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in doniestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers taken to report specifically the occupations of persons employed, as At school or At home. Care should be precise specification as Day luborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grovery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planler, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. Never return Compositor, For persons who have no occupation whatever, Architect, Locomotive engineer, If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Dephtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths to determine definitely. Examples: Accidental drowning. "PUERPERAL perilonilis," etc. State cause for which birth or miscarriage etc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Marastmus," "Old Age," "Shock," "Uracmia," "Weakness," cause. genital," "Senile," chopneumonia (secondary), 10 ds. Never report mere cough; Chronic valvular heart disease; Chronic interstitial lapse," "Anaemia" (merely symptomatie), "Atrophy," symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonacum, etc., Carcinoma, Sarcoma, etc., of Always qualify all diseases resulting from child-"Coma," The contributory (secondary or intercur-"Convulsions," etc.), as "Puerperal septicharmia," "Dropsy" "Debility" "Exhaustion," ACCIDENTAL, ("Con-



OCCUPATION IS PHYSICIANS RECORD statement PERMANENT EXACTLY THIS properly AG UNFADING INKmay that WITH PLAINLY. plai = of information

certificate.

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state Very

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred la -Ward) a hospital or Institution. give its NAME Instead of street and number. I 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED WIDOWED VIOUVEN 191 (Month) (Day ORDIVORCED (Write the word) (Year) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRT that I last saw h.Cur (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLAC PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, THANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) Where was disease contracted. BEST OF MY KNOWLEDGE If not at place of death? Former of usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS Filed REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of ageness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-Bronchopncumonia (secondary), 10 ds. The contributory (Recommendations on statement of (secondary or intercurrent) Never report



12032

GNIONIA SERVED Ш Œ MARGIN

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No

> fif death occurred in a hospital or institution, give its NAME instead of street and number.

ND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
or or race 5 SINGLE, MARRIED, Married WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
(Write the word)	17 I HEREBY CERTIFY, That I attended deceased from Morch 30, 191/1, to fine 3, 191 J; that I last saw here alive on Jene 14, 191 J;
rrs. mos. Sids. or min.?	and that death occurred on the date stated above, at
Housewick!	Juli culais
stry t in er)	(Duration) 2 yrs. mos. ds.
Ballo Co Mid.	Secondary (Quralipp) yrs. mos. ds.
fied Crossmore.	(Signed) (Address) Have Color
Balto Co mol.	*State the DISEASE CAUSING DEATH, or, in deaths from VIGLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acomental, Suicidal or Homicidal.
Hartha Unn Mawkin	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of deathyrsmosds. Stete,yrsmosds. Where was disease contracted,
TO THE BEST OF MY KNOWLEDGE	if not at piece of death? Former or usual residence
aucoci & md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Rumh, Chaful Balto Co md. July 8 1915
1915 Therefore REGISTRAR	20 UNDERTAKER ADDRESS MALLOCOTT MOR
If more blanks are needed, address State Registrar,	

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. write None. business, that fact may be indicated thus: Farmer (relired engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseof the second statement. only when needed. As examples: (a) Spinner, (b) Collon cian, Compositor, Architect, Locomotive engineer, ('in'il engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physior given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-(a) Solesman, (b) (rocery; (a) Foreman, various pursuits can be known. The question For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound SUICIDAL, OF HOMICIDAL, OF As probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," lapse," "Coma," "Convulsions," "Debility" ("Con-"Aniemia" chopneumonia (secondary), 10 ds. Never report mer symptoms or terminal conditions, such as "Asthenia, rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Corcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) "Heart failure," "Heemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bron-"Old Age," "Shock," Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, (merely symptomatie), "Atrophy," "Col-The contributory (secondary or intercuras "PUERPERAL seplichaentia," "Uracmia," "Weakness, State cause for which Never report mere "Exhaustion,"



CountyWASHINGTON	CERTIFICATE OF	
Village or City WILSON'S. (No,	Registration Dist. N	[if death occurred in
	FORD.	a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF E	DEATH
MALE WHITE. SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the WHINGLE)	16 DATE OF DEATH (Month)	(Day) , 1915 (Year)
** JULY 27** , 1895. ***(Month) (Day) (Year)	that I last saw how alive on July	4 / 191 6
7 AGE If LESS than 1 day, hrs. 19 yrs, 11 mos, 4 ds. OR min.?	and that death occurred on the date stated. The CAUSE OF DEATH * was as follows:	d above, at //.25
Partion (a) Trade, profession, or partial right with the control of work (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) MARYLAND.	Contributory Juberules Secondary (Duration)	yrs. mos.
10 NAME OF FATHER MARTIN GUESSFORD	(Signed) D. C. P. Miller	Live, Pa
II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER MINISTER BEAUTIAND	*State the DISEASE CAUSING DEATH, OT, in CAUSES, state (1) MEANS OF INJURY; and (2) SUICIDAL OF HOMICIDAL.	
13 BIRTHPLACE OF MOTHER (State or country) MARYLAND.	Where was disaase contracted,	yrsmos
(Informant) MARTIN GUESSFORD.	If not at place of death? Former or usual residence	
(Address) WILSON'S DIST. Hagerole	B ROADFORDING CHURCH J	ULY 4", 191
Filed 1912 1913 Nave State Position	C. M. SUTER & SON HAC , 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	GERSTOWN MI

STATE OF MARYLAND

12033

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health
Association.]

write None. business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestie service for wages, as Servont, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm luborer, Luborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many eases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiis provided for the latter statement; it should be used For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Locomotive engineer, Civil If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. State cause for which mus," "Old Age," "Shoek," "Uracmia,"-"Weakness," to determine definitely. Examples: Accidental drowning; eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Anaemia" (neerely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, cough; Chronic valeular heart disease; Chronic interstitial "Heart failure," "Hremorrhage," "Inanition," "Maraschopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping by railway train-accident; Revolver wound The nature of the injury, as fracture of skull, "Senile," The contributory (seeondary or intercuretc.), "Dropsy," . "Exhaustion, Never report mere



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Association.]

cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, state occupation at beginning of illness. the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, Housemoid, ctc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question -Cool mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed As examples: (a) Spinner, (b) Colton If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Synhold fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"); Lobar pneumonia, Bronchopneumonia of lungs, menin-

state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For Violent Deaths etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. nephrilis, etc. cough; Chronic volvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, Idanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck SUICIDAL, or HOMICIDAL, or as probably such, if impossible "Puerperal peritonitis," etc. birth or miscarriage as "PUERPERAL septichaemia, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," Example: Meosles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping to determine definitely. Examples: Accidental drowning; "Old Age," "Shoek," "Uracmia," "Weakness, by railway train-occident; Revolver Always qualify all diseases resulting from child-The contributory (secondary or intercur-State cause for which Never report mere nound

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
AUG 6 1915
BUREAU, V.S.

state 10 pinous PHYSICIANS shoul RECORD PERMANENT THIS INK pe UNFADING may 80 0 plai PL EATH 0 Item Every iter CAUSE O 0 ż

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 307 Ilf death occurred in Ward) a hospital or institution. give its NAME Instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 18 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) I HEREBY CERTIFY. That I attended deceased from allve on, 191 (Month) (Dav TAGE If LESS than and that death occurred on the date stated above, at f day hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Buration) which employed (or employer) 9 BIRTHPLACE Contributory. (State or country) Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) _____ yrs. ____ mos. __ _ ds. State_ Where was disease contracted. KNOWLEDGE If not at place of death? Former or usual residence. LACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Fara laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return As examples: (6)

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely Tramples: Accidental drowning; Struck by railway train—accimia," "PUERPERAL peritonitis," etc. State cause for mns," "Old Age," "Shock," "Uraemia," "Weathness," genital," "Senile," etc.), "Dropsy," "Expansion," "Heart failnre," "Haemorrhage," "Inanition," "Marasnant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequencés (e. g., which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for mallgture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, or TROMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic-interstitial nephritis, The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent)



Ounty Washington Village or City Lear Restypills (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
FULL NAME Lydia 13.	Hannond of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernale Hhile Single, MARRIED, Married WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 7 (Month) (Day (Year)
DATE OF BIRTH Aunul 1874 (Month) (Day (Year)	that I last saw here alive on July 134 , 1915.
TAGE If LESS than 1 day,hrs. OR min.?	and that death occurred on the date stated above, st. 10 Q-m, The CAUSE OF DEATH* was as follows: Bright Western
particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
11 BIRTHPLACE OF FATHER (State or country) Quaryland 12 MAIDEN NAME OF MOTHER WARRY Riley 13 BIRTHPLACE 13 BIRTHPLACE 13 BIRTHPLACE 14 MAIDEN NAME OF MOTHER WARRY RILEY	(Signed) S- M. D. (Signed) S- (Address) M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place
OF MOTHER (State or country) Mary and 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) A COUNTRY AND THE	of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, If not at place of death? Former or usual residence.
Flied July 16, 1915 HA Dimmon	Bakersville July 6, 191.5
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. material worked on may form part of the second statement. Never return "Laborer," "Foreman," it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion Is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary freman, etc. But in many (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the return As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercuters of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vromia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convalsions," "Debility" ("Conthenia," "Anaemia" (merel symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, totanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent)



BINDING ARGIN

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton taken to report specifically the occupations of persons employed, as At school or At home. Care should be of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of Occupation-Precise statement of occupa-Coal mine, etc. very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," find pneumonia, Bronchopmeumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inantion," "Weakness," mus," "Old Age," "Shock," "Uracmia," "Weakness," on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull, hcad-homicide; Struck by railway train—accident; Revolver wound of state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichuemia," "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic vulvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Anaemia" "Coma," "Convalsions," "Debility" (merely symptomatic), The contributory (secondary or intercur-Poisoned by carbolic acid-probably Never "Atrophy," ACCIDENTAL, report mere



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1 PLACE OF DEATH

PHYSICIANS t statement of STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or institution. give its NAME instead ef street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED WIDOWED OR DIVORCE Month) (Day be properly certificate. (Write the word) attended deceased from OF BIRTH (Year) (Month) (Day) 7 AGE of it may back of If LESS than and that death occurred on the date stated above, at 1 day,.... hrs. OF DEATH * was as follows: OR min. ? mos. 8 OCCUPATION 00 (a) Trade, profession, or ons particular kind of work. (b) General nature of industry structi business, or establishment in (Buralion) which employed (or employer) 9 BIRTHPLACE Contributory (State or country) Secondary 9 (nofteruff) 20 10 NAME OF FATHER S 11 BIRTHPLACE (Address) OFFATHER EN *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, 12 MAIDEN NAME oc SUICIDAL OF HOMICIDAL. PA OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE Al place in the OF MOTHER J is (State or country) of deathyrs. Stete.2... ycs.mos. mos. Where was disease contracted, Should state C MY KNOWLEDGE if not at place of death? Former or usuat residence EMOVAL DATE OF BURIAL (Address) 15 ., 191. 20 ADDRESS 0 REGISTRAR Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Hame, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Cracery; (a) Forcman, only when needed. As examples: (a) Spinner, (b) Catton is provided for the latter statement; it should be used business or industry, and therefore an additional line engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, prespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite Nane precise specification as Day laborer, Farm laborer, Laborer especially in industrial employments, it is necessary to For many occupations a single word or term on the know (a) the kind of work and also (b) the nature of the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Campasitor, Architect, For persons who have no occupation whatever, Lacomotive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Labar pneumonia, Branchapneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis af lungs, menin-

ges, peritanneum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," "Puerperal perilanitis," etc. State cause for which mus," "Old Age," "Shock," "Uracinia," "Weakness," genital," nephritis, etc. cough; Chronic valeular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." head-hamicide; Poisoned by Struck by railway train-accident; Revalver wound state MEANS OF INJURY and qualify as ACCIDENTAL, cause. Always qualify all diseases resulting from childctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping The nature of the injury, as fracture of skull "Senile," etc.), "Dropsy," "Exhaustion," The contributory (secondary or intercurcarbolic acid-prabably Never report mere (Recoinmendations 37 ("Con-



STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred tr a hospitat or institution. give its NAME instead of street and number.] classified PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED be properly c OR DIVORCED CERTIFY, That I attended deceased from 10 7 AGE If LESS than the date stated above, at 1 day,hrs. AG mle. ? 8 OCCUPATION LO T (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in instruc (Buration) term which employed (or employer' 9 BIRTHPLACE Contributory (State or country 2 plai 10 NAME OF FATHER Q C (Signed) ould important. 11 BIRTHPLACE RENT OF FATHER V *State the Disease Causing Death, or, in teaths from Violent Causes state (1) Means of Injury; and (2) whither Accidental, (State or country) 133 0 SUICIDAL OF HOMICIDAL. 12 MAIDEN NAME d OF MOTHER EOF LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 13 BIRTHPLACE one half S OF MOTHER (State or country) mos. ds. Every item of instance of should state CAI Where was disease contracted, If not at place of death? usual residence DATE OF BURIAL 15 20 Filed 0 REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Ferm laborer, Laborer of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons "Foreman," "Manager," "Dealer," is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. know (a) the kind of work and also (b) the nature of the Statement of Occupation-Precise statement of occupa-Coal mine, etc. Compositor, very important, so that the relative healthfulvarious pursuits can be known. The question For persons who have no occupation whatever, etc. If the occupation has been changed Women at home, who are engaged in Architect, Locomotive engineer, Never return ctc., without more "Laborer," (b) Auto-

Statement of Cause of Beath—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by corbolic acid-probably Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning. SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "Puerperal perilonitie," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracuia," "Weakness," "Heart failure," "Haemorrhage." "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of birth or miscarriage "Ancienia" Example: Meosles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of emia" (merely symptomatic), "Atrophy," "Col," "Coma," "Convulsions," "Debility" ("Con-Always qualify all diseases resulting from child-(secondary), 10 ds. The contributory (secondary or intercur-"Puerperal septichaemia," "Dropsy," State cause for which Never report mere "Exhaustion," ACCIDENTAL, important.





[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. engaged in domestie service for wages, as Servant, Cook employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, ness of various pursuits can be known. The question write None. business, that fact may be indicated thus: Former (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, ctc. taken to report specifically the occupations of persons mobile factory. is provided for the latter statement; it should be used especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulbusiness or industry, and therefore an additional line Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part statement. Never return "Laborer," If the occupation has been changed Women at home, who are engaged in At home. Care should be If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by corbolic acid-probably SUICIDAL, or nomicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, eause. Always qualify all diseases resulting from child-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee "Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important "Tumor" for malignant neoplasms); Measles; Whooping " "Old Age," "Shock," "Uracmia," "Weakness," or miscarriage as "Puerperal septichaemia," by railway train-accident; Revolver The contributory (secondary or intercur-State cause for which Never report mere (Recommendations wound of



V. S. No. 1.

	N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.	Cou
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WRITE PLAINLY, WITH UNFABING INA-INIS IS A PERMANENT RECORD	TLY.	3 SE
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	Every Item of information should be carefully su CAUSE OF DEATH in plain terms, so that it mis Important. See instructions on back of certificate.	
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1 PLACE OF DEATH	STATE OF MARYLAND
Camer Washing ston	CERTIFICATE OF DEATH
County 1. Starton Crops	Registration Dist. No. 306
0 . +0 0	Registration Dist. No.
Village or City Smithsburg (No.	St.; Ward) [If death occurred in a hospital or institution,
	give its NAME Instead
2FULL NAME Nancy Jus	b Attacher of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, Widowed	16 DATE OF DEATH Quely 1915
Female White (Write the word)	(Year) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
8 7 19 .823	July 1, 1916, to July 19 , 1910.
(Month) (Day (Year)	What I last saw here alive on Jolly 17 1913
7 AGE If LESS than	and that death occurred on the date stated above, at 5-Q'm.
62 yrs 4 mos 0 ds 1 day, hrs.	The CAUSE OF DEATH* was as follows:
9 OCCUPATION	
(a) Trade, profession, or	acute Indigestion
particular kind of work	
business, or establishment in	(Duration) yrs mos & ds.
which employed (or employer)	Contributory
(State or country) Smithoburg, Md.	Secondary
10 NAME OF	(Duration)yrsmosds.
FATHER Space Jehr	(Signed) MDTGauber, M. D.
O 11 BIRTHPLACE	July 19, 1913 (Address) Smithsburg Md
State or country) Washington Co	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
11 BIRTHPLACE OF FATHER (State or country) Washington Co 12 Maiden Name OF MOTHER CO 12 Maiden Name OF MOTHER CO 13 Maiden Name OF MOTHER CO 14 Maiden Name OF MOTHER CO 15 Maiden Name OF MOTHER CO 16 Maiden Name OF MOTHER CO 17 Maiden Name OF MOTHER CO 18 Maiden Name OF MOTHER CO 18 Maiden Name OF MOTHER CO 19 Maiden Name OF MOTHER CO 19 Maiden Name OF MOTHER CO 10 Maiden Name O	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
a Clinabeth Tunk	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER WAS A COMPANY OF THE PROPERTY OF THE P	At place In the
(State or country) / ayrestoto, a.	of death yrs mos ds. State yrs mos ds Where was disease contracted
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Informant) Carrington V. Helshew	Former or usual residence
(Address) Smithsburg Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	Smithsburg July 22, 1915
Filed July 19 191# 1. Ho Frenguson	20 UNDERTAKER ADDRESS
REGISTRAR	Leo. B Hoover Smitholan
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacgenital," "Senile," etc.), "Dropsy," "Exhaustion, mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, "Contributory." (Recommendations on statement of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (secondary or intercurrent) Never report Ex-



state 10) SICIANS should occupation is PHYSICIANS RECORD PERMANENT THIS properly pe UNFADING may õ AINLY. pla Informat 5 PL EATH WRITE o a tem OF Every Item CAUSE OF Important. m ż

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3157 If death occurred to Ward) a hospital or institution. give its NAME Instead of street and number.] 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SSINGLE, 4 COLOR OR RACE 16 DATE OF DEATH WIDOWER ORDIVORCED (Month) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH , 191....., to (Month) (Year) (Day TAGE If LESS than and that death occurred on the date stated above, at 1 day __ hrs. OR 2. Umin. ? ______mos...... 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Indostry. business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE OF FATHER AREN. (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL, 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ___ mos. .. State_ Where was disease contracted. OF MY KNOWLEDGE If not at place of death? usual residence.

19 PLACE OF BURIAL OR REMOVAL

20 UNDERTAKER

DATE OF BURIAL

ADORESE

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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1 PLACE OF DEATH STATE OF MARYLAND PHYSICIANS CERTIFICATE OF Registration Dist. No. 4 If death eccurred in a hospitat er institution. give its NAME instead EXACTLY. of street and number.] RECORD PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 6 SINGLE. 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 30 MARRIED, WIDOWED OR DIVORCED (Month) (Day) be properly certificate HEREBY CERTIFY, That hattended deceased from 6 DATE OF BIRTH pino 915 (Year) 7 AGE If LESS than of and that death occurred on the date stated above, at may ck of 1 day, hrs. O was as follows: OR min. ? 8 OCCUPATION 00 ed (a) Trade, profession, or 1 particular kind of work. 20 0 (a b) General nature of lodustry struct businass, or establishment in terms (Duration) > which employed (or employer 9 BIRTHPLACE Contributory Secondary (State or country) (Buralisn). 10 NAME OF FATHER (Signad) ENTS (Address) 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, 0 œ 12 MAIDEN NAME SUICIDAL OF HOMICIDAL. Ad OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, 0 Very OR RECENT RESIDENTS) لنا 13 BIRTHPLACE At place In Iba: S (State or country) of deathyrs.mes. Slats, CAU S Every item of in should state CA OCCUPATION Where was disease contracted, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death?... Former or usual residence 15 20 UNDERTAKER ADDRESS 0 REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga M., Balto., Requesting V. S. No. 1.

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state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be —Coal minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the engineer, Stotionary fireman, etc. But in many eases, cion, Compositor, Architect, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question business or industry, and therefore an additional line especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, If retired from (b) Auto-Civil

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar meannia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as birth or misearriage as "Puenperal septichuemio," mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, tetanus) may be stated to determine definitely. Examples: Accidental drowning, surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL perilonitis," etc. State cause for which etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping Struck by railway train—accident; Revolver wound of eause. Always qualify all diseases resulting from child-"Heart failure," "Hacmorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bron-The contributory (secondary or intercur-Never report mere "Exhaustion," ACCIDENTAL,



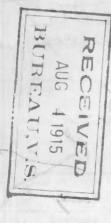
0.00	County Publication Village or City Caucoclo (No. 2 FULL NAME Charles House	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [if death eccurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OF RACE 5 SINGLE, MARRIED, MUNICES (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
	Het. 1867	191 , to , 191 ,
	7 AGE (Month) (Day) (Yest) 1 If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at G_{p_0} m. The CAUSE OF DEATH * was as follows:
	OCCUPATION (a) Trade, profession, or particular kind of work Aborer	afsofelegy
).}	b) General nature of Industry business, or establishment in Sew. Hoole, which employed (or employer)	(Duration) yts mos
	9 BIRTHPLACE (State or country) Mary Jaux .	Secondary (Burallen) vrs mios ds.
	11 BIRTHPLACE OF FATHER (State or county) Germany. 12 MAIDEN NAME (State or county)	(Signed)
	OF MOTHER Water Souser. 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs
	(Informant Laura . A. Mouser.	If not el place of death?
	(Address) Heaveoc16 Md.	19 PLACE OF BURIAL OR REMOVAL Seeles
	Filed 7/15, 1910 I A Structions REGISTRAR	10aucoca 6 mg. Janes 191
	If more blank are needed, address State Registrar, 1	W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. wife, Housework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," write None. business, that fact may be indicated thus: Farmer (relired or given up on account of the disease causing death, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager, mill; (a) Salesman, (b) (rocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil applies to each and every person, irrespective of age. For many occupations a single word or term on the Housemaid, engaged in domestic service for wages, as Servant, Cook is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, ness of various pursuits can be known. The question business or industry, and therefore an additional line tion is very important, so that the relative healthful-Toal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever etc. If the occupation has been changed " "Dealer," etc., without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—in any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninginia indefinite); Tuberculosis of lungs, meninginia to the distribution of the distribution

mus," "Old Age," "Shock," "Uracmia," "Weakness, etc., when a definite disease can be ascertained as the birth "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible cause. Always qualify all diseases resulting from child-"Heart failure," "Il:emorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercuron Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental-drowning; state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent death's "PUERPERAL peritonitis," etc. State eause for which cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarconia, etc., of........ (name origin; "Cancer" is less definite; avoid use of or misearriage as "Puerpenal septichaemia," Never report mere (Recommendations "Exhaustion, ACCIDENTAL,



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

PLACE OF DEATH

STATE OF MARYLAND DEATH No. OF CERTIFICATE

Village or City Hagles ANVIL (No. 322,	Causousta Ward) [If death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
G DATE OF BIRTH 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, Wildwide, Write the word) (Month) (Day (Year)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191 to 19
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 4.1. m. The CAUSE OF DEATH* was as follows:
SOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 22 ULU 12 MAIDEN NAME OF MOTHER 23 OCCUPATION (b) Trade, profession, or particular kind of the state of th	(Duration) yrs mos ds. Contributory Secondary (Doration) yrs mos ds. (Signed) , M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Carry Registran If more blanks are needed, address State Registran	POUNDERTAKER POUNDERTAKER Par, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coul "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmia," "PUERPERAL peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canscpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Medical Association.) The contributory Always qualify all diseases resulting from Measles (disease causing (Recommendations on statement of (secondary or intercurrent) death), 29 ds.; Never report Ex-



a inspital or instituted give its MMR inste- g	Coun	1 PLACE OF DEATH 12046 THY Washington (137)	STATE OF MARYLAND CERTIFICATE OF DEATH
a inspite of site of site of street and number PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS ACOLOR OR RACE S BINGLE WIND WORKER WORKE		70:11: 110-1 2/20	Registration Dist. No. 302
SEX # COLOR OR RACE SEINCH SHAPE WIDDED WIDDEN WIDDED WIDDED WIDDEN	Villa	Police	a Kesselring [if death occurred in a humpital or institution, give its NAME instead of street and number.]
MARRIED (Month) DATE OF BIRTH TAGE TAGE TO AGE TO AGE TO AGE TO COCUPATION TO THE LESS THAN 1 (Month) TO AGE TO COCUPATION TO THE LESS THAN 1 (Month) TO AGE TO COCUPATION TO THE LESS THAN 1 (Month) TO AGE TO COCUPATION TO THE CAUSE OPD DEATH 1 was as follows: TO COLUPATION TO COUNTY WAS AS FOR THE COUNTY TO BIRTHPLACE STATE WALLOW A COUNTY TO STATHER WALLOW A COUNTY TO STATHER WALLOW A COUNTY TO MOTHER (State or country) TO MOT		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
(Month) (Day) (Vent) Tage (Month) (Day) (Vent) that I tast saw he alive on July 26 191 and that death occurred on the date stated above, at 1.52 and that death occurred on the date stated above, at 1.52 The Cause op Death 1 was as followed by the country of the cause of th	3 5 E	MARRIED, MILLIAN WIDOWED MILLIAN	(Month) (Day) (Year)
a OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of ideustry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 OF AATHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 16 LENGTH OF RESIDENCE (FOR HOSPITALS, THESPIPATIONS, TRANSIET OR REMOVAL 16 LENGTH OF RESIDENCE (FOR HOSPITALS, THESPIPATIONS, TRANSIET OR REMOVAL 16 LENGTH OF RESIDENCE (FOR HOSPITALS, THESPIPATIONS, TRANSIET OR REMOVAL 17 Fermer or usual residences 18 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS PEGISTRAR ADDRESS PAGESTRAR ADDRESS	6 DA	(Month) (Day) 1874	10.0 20
(a) ITAGE, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (I		4 / yrs. 5 mos. /7 ds. OR mln.?	
Which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Address) (Address	par (b) frade, profession, or ticular kind of work.) General nature of industry	Septie Infection
Signed) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informan	whi	ch employed (or employer)	Contributory Child Brite
OF RECENT RESIDENTS) At place OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (taformant) (Address) (Address	w	FATHER William N. Grimes	182 7 L.
OF RECENT RESIDENTS) At place OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (taformant) (Address) (Address	RENT	OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
(Address VIIII aux For Pice 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIA	PA	13 BIRTHPLACE	of death yra. mss. ds. State yrs. mes. d
Filed 7-22-, 1915 Henry Davis 20 Undertaken Hagliston		me chan He 1:	If not at place of death?
PEGISTRAR V. F. Cofficial Haglislay	15	(Address Williams for Pike	Williamoport US pate of Burial
The state of the s	FNe	REGISTRAR	16 W. Saratoga St., Palto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. taken to report specifically the occupations of persons employed, as At school or At home. Care should be precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary freman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," For persons who have no occupation whatever If the occupation has been changed without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," Lobar indefinite); Tuberculosis of lungs, menin-

genital," on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by corbolic acid-probably SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. birth or miscarriage as "Puerperal septichaemia," eause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Uracmia," "Weakness, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopmeumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronnephralis, ctc. cough; Chronic valvular heort discose; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) to determine definitely. Examples: Accidental drowning; etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasrent) affection need not be stated unless important. "Tunier" for malignant neoplasms); Measles; Whooping by "Senile," etc.), "Dropsy," "Exhaustion," railwoy troin-accident; Revolver The contributory (secondary or intercur-State cause for which wound of



PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers write None. Housemaid, etc. who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Auloonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever The material worked on may form part If the occupation has been changed Locomotive engineer, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease: Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," nenin-

on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exnaustion, "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concough; Chronic valvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) to determine definitely. "Puerperal peritonitis," etc. symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping " "Old Age," "Shock," "Uracinia," "Weakness," by Always qualify all diseases resulting from child-or miscarriage as "PUERPERAL septichuemia," The nature of the injury, as fracture of skull, railway train-accident; Revolver The contributory (secondary or intercur-Examples: Accidental drowning; State cause for which Never report mere (Recommendations important. nound of



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1 PLACE OF DEATH 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. DATE OF BIRTH (Month) TAGE BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)



STATE OF MARYLAND CERTIFICATE OF DEATH

St.;----Ward)

Registration Dist. No. 300

[If death occurred in

a hospital or institution.

give its NAME Instead

The field	Still	13r	m	of street and	number.]
1	MEDICAL C	ERTIFICAT	E OF DE	ATH	
16 DATE OF	DEATH	7 (Month)	Stell 1	birthe Day	191.5_ (Year)
17	I HEREBY C	ERTIFY, T	hat I atte	nded decea	aed from
***************************************		, to		**********	., 191
that I last sav	v h allve	on			191
and that death	h occurred on	the date s	tated abov	/e, at	m,
The CAUSE C	F DEATH* W				
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Dras	the son	200	regio	lago	-
ur	4	********************	***************************************		
-00000000000000000000000000000000000000	***********************	(Duration)yr	smos.	ds.
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(Signed) S	· Hon	sel	Gor	ordorea	, M. O.
7/19	, 191 . J. (Add	ress) S	Lever	edecory	THE
	e DISEASE CAUS te (1) MEANS AL, or HOMICID				
18 LENGTH O	F RESIDENCE RESIDENTS)				
At place		In	the		
Where was disease	rs mos se contracted.	as. S	tate y	rs, mos	15
If not at place of		*************	***************	********	
Former or usual residence		1 t			
19 PLACE OF	BURIAL OR R	EMOVAL	DA	TE OF BUR	IAL
1 6a/20	ranel	L	Q-2	ly /5	191
20 UNDERTA	KER		(AD	DRESS	

WIDOWED. ORDIVORCED (Write the word) (Day (Year) If LESS than 1 day,....hrs. OR min. ?

9 BIRTHPLACE (State or country) 10 NAME OF FATHER

PARENTS 11 BIRTHPLACE OF FATHER (State or country 12 MAIDEN NAME

OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

KNOWLEDGE

(Address) 15

Chas . N. Hoffmaster . 191.5 REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING NEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcia-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Can sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia. (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF as probably ture of the American Medical Association.) "Contributory." The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent)



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD of information should be reserved. RESERVED FOR BINDING MARGIN V. S. No. 1.

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state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, write None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day loborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foremon, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomoline engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physitaken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Coal mine, etc. Women at home, who are engaged in the second statement. For persons who have no occupation whatever, Never return If retired from "Iaborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronehopneumonia of lungs, menintunqualified, is indefinite); Tuberculosis of lungs, menintunqualified,

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, telonus) may be stated suicide. The nature of the injury, as fracture of skull, Struck by railwoy troin—accident; Revolver waund of head—homicide; Poisoned by carbolic acid—probobly to determine definitely. Examples: Accidental drowning; SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal perilanilis," etc. mus," "Old Age," "Shock," "Ura(mia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marusgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Comsymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. cough; Chronic advulor heart disease; Chronic interstitial birth or miscarriage cause. Always qualify all diseases resulting from childctc., when a definite disease can be ascertained as the lapse," "Coma," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping The contributory (secondary or intercuras "Puerperal septichaemia," State cause for which Never report mere

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 6 1915
BUREAU, V.S.

V. S. No. 1.

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Very 9 9 shoul OCCUPATION PHYSICIANS RECORD 10 statement PERMANENT EXACTLY. Exact stated classified. pe T sh properly AGE supplied. pe O may certificate. that 20 0 pe back terms, 0 plain Instructions Information 5 DEATH See 90 Item OF Every Item CAUSE OF Important.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30 Ilf death occurred is ..Ward) a hospital or institution. give Its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RAGE 5 SINGLE, 1914 MARRIED WIDOWED, (Month) ORDIVORCED (Write the word) (Day (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Day (Year) 7 AGE If LESS than 1 day hrs. OR min ? BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory_ Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death _____ yrs. ____ mos. ___ (State or country State . Where was disease contracted. KNOWLEDGE If not at place of death?. Former or usual residence

1915 David D- Milley
REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REMOVAL

DATE OF BURIAL

ADDRES

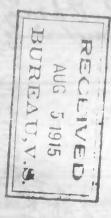
LACE OF BURIAL OR

[Approved by U. S. Census and American Public Health Association.]

Agation as Day laborer, Farm laborer, Laborer-Coal gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers statement. who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should he used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

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1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

who receive a definite salary), may be entered as Housestate occupation at beginning of illness. engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grovery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used write None. business, that fact may be indicated thus: Farmer (relired or given up on account of the DISEASE CAUSING DEATH, Hausemaid, etc. If the occupation has been changed employed, as At school or mobile foctory. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Loca engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part At home. Care should be Locomotive engineer, But in If retired from many eases, (b) Auto-

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AUG 61915
BUREAU, V.S.



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STATE OF MARYLAND CERTIFICATE OF DEATH should Registration Dist. No. OCCUPATION PHYSICIANS fif death occurred in St .: Ward) a hospital or institution. give its NAME instead ot street and number. 1 statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT MARRIED, BINDING WIOOWEO. (Month) OROIVORCED (Write the word) (Day Exact I HEREBY CERTIFY. That I attended deceased from classified. 7 AGE pino if LESS than t day hrs. OR min. ? properly BOCCUPATION (a) Trade, profession, or INK particular kind of work. supplied. pe (b) General nafure of Industry. business, or establishment in may which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary that 10 NAME OF FATHER 80 0 ARGIN ARENTS 11 BIRTHPLACE terms, OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME Instructions OF MOTHER plai 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) = 13 BIRTHPLACE At place OF MOTHER (State or country) In the ot death _____ yrs. ___ mos. ___ ds. State Where was disease contracted. MY KNOWLEDGE If not at place of death? 0 Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURI 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin S , Halto., Requesting V. S. No. 1.

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SERVE

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[Approved by U. S. Census and American Public Health Association.]

cated thus: who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc., But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for cause. Aiways qualify aii diseases resulting from ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ialvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report



V. S. No. 1.

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
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PLACE OF DEATH S. 12055 County Bashington Village or City Jungsville (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3. (If death occurred in a hospital or institution, give its NAME instead
2 FULL NAME Many Wadalin -	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
TAGE ONLY (Month) (Day (Year) TAGE If LESS than 1 day, O.hrs. OR. Omin.?	that I last saw has alive on
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Perthelace (State or country)	(Duration) yrs mos &s. Contributory Secondary
11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant)	(Signed)
(Address) / Gudyovill Mr. Filed July 5 1915 19 14 Dunimum an Exceptions	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Consus and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal CAUSING DEATH, state occupation at heginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive been changed or given up on account of the disease it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But iu many first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indiespecially in industrial employments, it is nec-Women at home, who are engaged in the Never return "Lahorer," (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: "Foreman," engineer. (d)

Statement of cause of death—Name, first, the disease causing dearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of..... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all discases resulting from Measles (disease causing death), 29 ds.; SUICIDAL, OF HOMICIDAL, OF as probably (Recommendations ou statement of may be stated under the head of (secondary or intercurrent) Never report



County Washington Village or City Harvork, (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3 0 4 [If death occurred in a hospital or institution, give its NAME instead
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE S SINGLE, MARRIED, Heolus WILDOWED OR DIVORCED WINDOWED OR DIVORCED Wirtie the word)	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from
7 AGE (Morth) (Day) (Year) 1 day, hrs. yrs. mos. ds. On min.?	that I last saw halve on the date stated above, at R. m. The CAUSE OF DEATH was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	following a feelf aberdent Text and a feel aberdent Contributory Secondary
10 NAME OF FATHER FINCH MUSER 11 BIRTHPLACE OF FATHER (State or country) First Co., 12 MAIDEN NAME BEATTICE Myest 13 BIRTHPLACE OF MOTHER (State or country) Mansleys	(Signed) (Signed) (Signed) (Address) (Ad
(Informant) (Address) (Address)	Where was disease contracted, if not et plece of death? Former or usual residence 19 PLACE OF BURIAL OR, REMOVAL ADDRESS Mason Charles 16 W. Saratoga St., Balto., Réquesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may he entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., of the second statement. Never return "Laborer," mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) ' rocery; (a) Foreman, (b) Autobusiness or industry; and therefore an additional line is provided for the latter statement; it should be used engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits ean be known. The question tion is very important, so that the relative healthful--('oal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, If retired from without more

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "H emorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Ursamia," "Weakness," "Antemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. nephritis, etc. The contributory (secondary or intercurges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of.... cause. Always qualify all diseases resulting from childsymptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic vulvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puenperal septichaemia," "Senile," etc.), "I)ropsy," State eause for which Never report mere (Recommendations "Exhaustion," wound of



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Coun	ty Washington	CERTIFICATE OF DEATH
Villa	ge or City Bleasantrillo (No, 2 FULL NAME Edward Morre	Registration Dist. No. 3/0 [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Aske Maried, Wildowed or Divorced (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DA	E (Month) (Day) (Year) E (Honth) (Day) (Year) If LESS fhan 1 day, hrs. OR min.?	that I last saw have alive on July 23, 1915, and that death occurred on the date stated above, at Am. The CAUSE OF DEATH * was as follows:
pai (b bu: wh	CCUPATION) Trade, profession, or Canal following titled at kind of work) General nature of industry siness, or establishment in inch employed (or employer) RTHPLACE (State or country)	(Durallon) 2 yrs mos ds. Contributory Asterio-sclessed
ARENTS	10 NAME OF FATHER DAS. Moste 11 SIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed)
14 TI	13 airthplace OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
15	(Informant) Mrs. Mose (Address) Harfers Herry Ma. R. Falff a July 22, 1915 Emma S. gowilling Debut 1667 of al REGISTRAR	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL AUGUST 25 Tion 5 20 UNDERTAKER ADDRESS 100 200 ADDRESS 100 20
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STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook write Nonc. business, that fact may be indicated thus: Former (retired or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Loborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. applies to each and every person, irrespective of age. business or industry, and therefore an additional line especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coul mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Locomotive engineer, But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "Anaemia" (mcrely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Struck by roilway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important ges, peritonaeum, etc., Carcinomo, Sorcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of "Heart failure," "Hremorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronnephruis, etc. cough; Chronic valuular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping or misearriage as "Puerpenal septichaemia," "Old Age," "Shock," "Uracmia," "Weakness," The contributory (secondary or intereur-State eause for which Never "Exhaustion, ACCIDENTAL, report mere



Village of DEATH 12058 Village of DEATH 12058 2 FULL NAME & has Aurthur	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3 0 [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
That Sex 4 color of race; 5 single, married wipower of Divorced (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
7 AGE 3 7 vrs mas / S. ds. or min.?	that I last saw have after on the date stated above, at 49 m, The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or eountry)	Shuck by wail way train (Durallon) yrs. mos. ds.
10 NAME OF FATHER LARDY S. MOM. 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Address) (B. 0. (State the DIREASE CAUSING DEATH, or, in deaths from VIOLENT CADERS, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMISTIPAL. (Burney) (Burney) (Burney) (Burney) (Burney) (Burney) (Caders) (Cader
(Informant) . Cares . Whitn.	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DAJE OF BURIAL
(Address) MMR, Imma 16 Filed July 11, 1915 lo- C. Poickard REGISTRAR	Joll. Penna July: 1.3, 1915 20 UNDERTAKER JE of Williamsfirt Md
If more blanks are needed, address State Registrar,	10 W. Saratoga St., Daito., Acquesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. state occupation at beginning of illness. If retired from or given up on account of the disease causing death, business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Loborer mill; (a) Salesman, (b) Groccry; (a) Foreman, "Foreman," "Manager." "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stotionary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Locomolive engineer, (b) Aulo-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinol fever (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonio ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telonus) may be stated suicide. The nature of the injury, as fracture of skull heud-homicide; Poisoned by corbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which mus," Struck by railway train—accident; Revolver wound of to determine definitely. SUICIDAL, or HOMICIDAL, or as probably such, if impossible "Anaenia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conetc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "hanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; "Old Age," "Shoek," "Uracmia," "Weakness," Always qualify all diseases resulting from child-The contributory (secondary or intercur-Examples: Accidental drowning; Never report mere (Recommendations Whooping



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Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

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[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housewrite None. business, that fact may be indicated thus: Farmer (relired Housemaid, etc. engaged in domestie service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material werked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, ('will engineer, Stationary fireman, etc. But in many cases, "Foreman," "Manager," "Dealer," etc., without more applies to each and every person, irrespective of age. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever If the occupation has been changed Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feer (the only definite synonym is "Epidemic eerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid feer (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"); Lobar pneumonia, indefinite); Tuberculosis of lungs, menin-

on statement of eause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated state MEANS OF INJURY and qualify as, ACCIDENTAL, on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning. SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puerperal septicharmia," cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness, "Heart failure," "Hecmorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease eausing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Angemia" chopneumonia (secondary), 10 ds. Never report merc rent) affection need not be stated unless Always qualify all diseases resulting from child-"Coma," (merely symptomatic), "Atrophy," "Col-oma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurby carbolic acid—probably "Dropsy," "Exhaustion," important.



1 PLACE OF DEATH	12061	//	STATE OF M	A DWI A ND
County Washing In		(NY)	STATE OF MA	OF DEATH
		11/10/	Registration D	3/1/-
Village or City Hagust	im (No. 235)	Sutus a	Me: 5 Ward)	[If death occurred in a hospitat or institution, give its NAME instead
2 FULL NAME	In H. Ha	lly		of street and number.]
	TISTICAL PARTICULARS	M	EDICAL CERTIFICATE	OF DEATH
Male white	S SINGLE, MARRIED, WIDOWED OR OIVORCED (Write the word)	16 OATE OF DE	ATH July (Month)	(Day) (Year)
6 DATE OF BIRTH	4. 19	Sept	EBY CERTIFY, That I a	ttended deceased from
	(Month) (Day)	Year) that I last saw	h malive on Su	\$ 17 ,1915
7 AGE 7:3	1 day,	mrs.	n occurred on the date's	
8 OCCUPATION (a) Trade, profession, or	mos. ds. OR	min.?	etelis was as follo	
A particular kind of work	forces		***************************************	2+0353 08800000000000000000000000000000000
2 (b) General nature of Industry business, or establishment in which employed (or employer)	milin Factor	1	(Duratton).	
9 BIRTHPLACE (State or country)	A Know	Contributor Secondary		·
10 NAME OF FATHER	il H. Hally	(Signed)	enel a. Cor	M. O.
OF FATHER (State or country) 12 MAIDEN NAME	reland	State the	e Disease Causing Death, of	r, in deaths from VIOLENT
C V MAIDEN NAME OF MOTHER	en Peroll	SUICIDAL OF H	OMICIDAL. ESIOENCE (FOR HOSPITALS,	* /
13 BIRTHPLACE OF MOTHER (State or country)	briland	OR RECENT RE	SIDENTS) In the	The same of the sa
14 THE ABOVE IS TRUE TO THE	BEST OF MY KNOWLEGGE	Where was disease of de if not at place of de Former or	ontracted, (
(Informant)	· · ·	usual residenca	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(Address)	gualtum Al	PLACE OF BU	RIAL OR REMOVAL	OATE OF BURIAL
Filed 7/19, 1915	Heury Studi	20 UNDERTAKE	Limile	ADDRESS Hd.
If more blan	nks are needed, address State Regi	istrar, 16 W. Saratoga St.,	Balto., Requesting V. S. No.	1.

[Approved by U. S. Celisus and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Parm laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever, Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinol fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonio, Bronchopneumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by corbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puenpenal scplichaemia, under the head of "Contributory." Struck by railway train-accident; Revolver wound "Puerperal peritonitis," etc. mus," "Old Age," cough; Chronic valvulor heart diseose; Chronic interstitial to determine definitely. Examples: Accidental drowning, cause. Always qualify all diseases resulting from childete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inamition," "Maras-"Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. mephritis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Meastes; Whooping Example: Measles (disease causing death), 29 ds.; Bron-The nature of the injury, as fracture of skull, "Senile," etc.), "Dropsy," "Exhaustion," "Shock," "Uracmia," "Weakness," State cause for which Never report mere (Recommendations

If this certificate is looked over thoroughly and all quostions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
AUG 6 1915
BUREAU, V.S.

1 PLACE OF DEATH STATE OF MARYLAND PHYSICIANS t statement of CERTIFICATE OF DEATH Registration Dist. No.-O If death occurred in a hospital or institution. give Its NAME Instead of street and number. I EXACTLY RECORD CERTIFICATE OF DEATH PERSONAL AND STATISTICAL 5 SINGLE, 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED WIDOWED OR DIVORCE (Month) (Write the word) certificate OF BIRTH Ď. If LESS than 7 AGE 4-0 ы 1 day, hrs. E CK AG ba occupation
(a) Trade, profession, or 0 tha supplied instructions particular kind of work 0 (b) General nature of Industry business, or establishment in terms (Duration) which employed (or employer) careful Contributory 9 BIRTHPLACE See in (State or country) 10 NAME OF d) FATHER 2 pin I 11 BIRTHPLACE F importa ARENT State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT OF FATHER d (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, (A) (L) SUICIDAL OF HOMICIDAL 0 12 MAIDEN NAME OF MOTHER la. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 0 very OR RECENT RESIDENTS informa CAUSE (13 BIRTHPLACE At place In the CAUS OF MOTHER State, WRITE of deathyrs.mos.ds. 10 (State or country) Should state CAI Where was disease contracted, If not at place of death?. Former or usual residence DATE OF BURIAL 15 ADDRESS B Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers or given up on account of the disease causing Death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Form luborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesmon, (b) Grocery; (a) Foremon, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," If retired from (b) Anto-

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• ma	age or City Hagers town (No. 53, Cores of Charlotte L. P.	Surgabetta Surgard) [If death occ a hospital or ingive its NAME of street and n
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	enale COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day)
6 DA	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended decease
	(Month) (Day) (Yes	that I last saw her alive on frely
7 AG	if LESS 11 day,	and that death occurred on the date Stated above, at.
	44 yrs, 12 ds. OR min.	
par (b	a) Trade, profession, or articular kind of work Open can nature of industry	
par (b bu: wh	articular kind of work work work with any	Contributory Curry Secondary (Duration) yrs mos
pal (bus wh	articular kind of work b) General nature of industry usiness, or establishment in hich employed (or employer)	Contributory Phung
pal (but wh	articular kind of work b) General nature of industry usiness, or establishment in hich employed (or employer) IRTHPLACE (State or country) 10 NAME OF FATHER Il BIRTHPLACE OF FATHER (State or country) Mod	Contributory Secondary (Durallon) yrs mos (Signed) (Address) (Address) (Address) (Address) (CAUSING DEATH, or, in deaths from Vic
ARENTS Had bed had bed had bed had bed had bed had been h	articular kind of work b) General nature of industry usiness, or establishment in hich employed (or employer) IRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER	Contributory Secondary (Duralion): yrs mos (Signed) (Address) State the DISEASE CAUSING DEATH, or, in deaths from Vic CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDE SUICIDAL OF HOMICIDAL.
SENTS why self	articular kind of work b) General nature of industry usiness, or establishment in hich employed (or employer) IRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	Contributory Secondary (Duralion) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Address) (Address) (CAUSES, state (I) MEANS OF INJURY; and (2) whether Accide Suicidal or Homicidal. (B) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAOR RECENT RESIDENTS) (A) I place (I) In the (Signed) (Signed)
PARENTS HA 6 0 0 18 6 18 6	articular kind of work b) General nature of industry usiness, or establishment in hich employed (or employer) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER	Contributory Secondary (Buralion): yrs mos (Signed)

[Approved by U. S. Census and American Public Health Association.]

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PHYSICIANS ō statement PERMANENT classified. O THIS properly INK supplied. may be UNFADING that 80 50 piain instructions = EATH WRITE 50 Item mportant. Every its

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State Very

si Noi

OCCUPATION

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 303 St.:---Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE WIDO VED, orced the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 7 AGE If LESS than and that death occurred on the date stated above, at. 1 dayhrs. The CAUSE OF DEATH* was as follows: nen Dion h 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) * tate the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death _____ yrs. ____ mos. ___ (State or country) _ ds. State _ Where was disease confracted. OF MY KNOWLEDGE If not at place of death? Former or usual residence

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

ACE OF BURIAL OR REMOVAL

Ilf death occurred in

a hospital or Institution. give its NAME instead of street and number.]

DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an eated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers statement. Physician, Compositor, Architect, Locomotive engineer, CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. been changed or given up on account of the disease (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, "Laborer," "Foreman," As examples: (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronio oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Urachia," "Weakness," "Heart failure," "Haodorrhage," "Inanition;" "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ctc. The contributory cer" is less definite; avoid use of "Tumor" for malig "Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-"Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG .5 1915
BUREAU, V.S.

V. S. No. 1.

county Washington	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3
Village Ciry Villams May Rachae	St.: Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX (General Sounds Single, MARRIED, Single OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY. That attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	June 28, 1910, to ducy 8, 1910; that I last saw her alive on ducy 8, 1910;
TAGE 2 yrs. mes. / O.ds. or min.?	and that death occurred on the date stated above, at lo P. m. The CAUSE OF DEATH * was as follows: Surved by Cloating igniting June a lead all plent
(b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Mandana	Contributory Explored (Buration) yrs. mos. /2 ds.
10 NAME OF FATHER OLD. Pollubrage. 11 BIRTHPLACE OF FATHER (State or country) May land 12 MAIDEN NAME OF MOTHER (May Miller	(Signed) Wiehordyou , M. D. July 7", 191. J. (Address) Louis four My State the Disease Causing Death, or, the deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicinal or Homicidal.
of MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant) MAN PARAGE (informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At placa In the of death yrs. mos. ds. State, yrs. mos. ds. Where was disease contracted, if not all place of death? Former or usual residence
(Address) Villiams Intima. 15 Filed July 10, 1915 6. E. Prickard Local REGISTRAR	Place of Burial OR REMOVAL DATE OF BURIAL Williamsfrot Md July 11, 1915 20 UNDERTAKER DE WILLIAMS AND MADDRESS. WILLIAMS AND MADDRESS.
If more blanks are needed, address State Registrar, 1	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At hone. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second_statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon especially in industrial employments, it is necessary to applies to each and every person, irrespective of age "Foreman," "Managor," "Dealer," etc., is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the engineer, Stotionary fireman, etc. first line will be sufficient, e. g., Parmer or Planter, Physiness of various pursuits can be known. The question For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Compositor, Architect, very important, so that the relative healthful-For persons who have no occupation whatever Locomotive engineer, Never return "Laborer," But in many cases, If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," meningualified, is indefinite); Tuberculosis of lungs, meningualified, is indefinite);

mus, on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: birth or miscarriage as "Puerperal soptichamia," "Puerperal peritonitis," etc. State cause for which "Anaemia" (merely symptomatic), "Atrophy; lapse," "Coma," "Convulsions," "Debility" state MEANS OF INJURY and qualify as ACCIDENTAL, sufficial operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonoeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of "Old Age," "Shock," "Uracmia," "Weakness," by railway train-accident; Revolver The contributory (secondary or interent-"Dropsy," Never report mere "Atrophy," "Exhaustion," mound



H S. No. (Intormant)

15

(Address).

supplied. AGE should be stated EXACTLY—PHYSICIANS should state may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT d. UNFADING INK-THIS AGE carefully supplied. Every item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it ma important. See instructions on back of certificate. WRITE PLAINLY, WITH N. B.-

	1 PLACE OF DEATH 12/65	STATE OF MARYLAND CERTIFICATE OF DEATH
Co	ounty Was MA a	Registration Dist. No.
Vil	llage or City Hu Wes	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 \$	M COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY GERTIFY, That I attended deceased from
6 D	DATE OF BIRTH A Day (Year) (Month) (Day (Year)	that I last saw h. alive on Plad 191
TA	78 yrs 6 mos 24 ds. OR	The CAUSE OF DEATH * was as follows
(a) pa (b) bus	a) Trade, profession, or articular kind of work b) General nature of industry, siness, or establishment in hich amployed (or employer)	fully attacks. (Duration) yrs. mos. ds
98	SIRTHPLACE (State or country) Unknown	Contributory Secondary (Quanting) yes man de
ın	10 NAME OF PATHER LUKUON	(Signed) JON (Co DOL) . W. O
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, of in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden
PAF	of Mother Curturn	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
14 -	OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs mos ds. State yrs mos ds Where was disease contracted,
	THE ABOVE IS TRUE TO THE BEST OF MI KNOWLEDGE	If not at place of death?

Former or usual residence.

OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Consus and American Public Health Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; who have no occupation whatever, write None. ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Schesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Never return "Laborer," Farmer (retired 6 yes.) For persons If the occupation has "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningliss"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacete., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease eausing death), 29 valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Caneause of death approved by Committee on Nomenclaschsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, Or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. eause. Always qualify all diseases resulting from mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditious, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-(Recommendations on statement of



STATE OF MARYLAND

lif death occurred in

a hospital or institution. give its NAME Instead

of street and number.]

(Dav)

1915

PLACE OF DEATH

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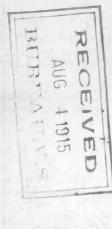
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[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. mobile factory. The material worked on may form part of the second statement. Never return "Laborer," write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. engaged in domestic service for wages, as Scrvant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) ' rocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. "Foreman," "Manager," "Dealer," etc., without more know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physibusiness or industry, and therefore an additional line is provided for the latter statement; it should be used ness of various pursuits can be known. tion is very important, so that the relative healthful-- ('oul mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupamany occupations a single word or term on the Compositor, For persons who have no occupation whatever, If the occupation has been changed Architect, Locomotive engineer, If retired from The question (b) Auto-

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on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revolver wound of to determine definitely. SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Il emorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Ura mia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Annemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-"An remia" symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitiol "Tumor" for malignant neoplasms); Meastes; Whooping ges, perilonacum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of The contributory (secondary or intercur-Examples: Accidental drowning; Never report mere ACCIDENTAL,



3

TAGE (Month) (Day) (Month) (Month) (Day) (Month) (Month) (Day) (Month) (Mo	County) Vashing tous	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Wildowlr Wildowll Wildowlr Wildowll Wildowlr Wildowlr Wildowlr Wil	1	a hospitat or institution,
MARRIED, Wildows Dor Wildows Dor Divorced (Write the word) To Age (Month) (Day) (Year) (Month) (Par) (Pa		1
TAGE The CAUSE OF DEATH * was as follows: The CAUSE OF DEATH * was a	MARRIED, Wichower Widower OR DIVORCED (Write the word) 6 DATE OF BIRTH May 22 1843	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from July 3.0, 191.5, to 191.5,
(b) General nature of industry Susiness, or establishment in which employed (or employer) BIRTHPLACE (State or country) O NAME OF FATHER TO NA	7 AGE 1 day, hrs. OR min.?	
10 NAME OF John Slewy Robinson (Signed) Clean B. Mesain M.	(b) General nature of industry susiness, or establishment in which employed (or employer)	Contributory Exhaustero
CAUSES, State (1) MEANS OF INJURY; and (2) Whether Accidental,	of FATHER July Robinson 11 BIRTHPLACE OF FATHER (State or country) A C OF FATHER (State or country)	(Signed) Cleen B. M. 0 State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
of Mother Mary Ellew Williams 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the	13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs. mos. ds. State yrs. mos. da Where was disease contracted.
(Informant) Arank Refusee usuel residence	M. D.	Former or
(Address) Playerstance MC 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1913. 15 Filed 7-31-, 1913 Polity Davis 20 UNORTAKER ADDRESS PAGESTRAR AL PROPERTY PLAYERSTONE 16 W. Saratoga St., Batto., Requesting V. S. No. 1.	Filed 7-31-, 1915 Heury Davis REGISTRAR	20 UNOGRTAKER JACKERS JACKESS JACKES MAYERSTONE

19000

[Approved by U. S. Census and American Public Health Association.]

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Village or City Hagen Jown (No. Cov. Ma) 2FULL NAME THE County Ba	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WITH the WORD WITH THE A	18 DATE OF DEATH (Morth) (Day (Year) 17 I HEREBY CERTYFY, That I attended deceased from
DATE OF BIRTH (Month) (Day (Year)	that I last saw her alive on flede, 247, 1917
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at 800 m, The GAUSE OF DEATH * was as follows: Mihal uself becere date
(a) Trade, profession, or particular kind of work Sourceurfz	to Ende addices, April time
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) Tyrs mos ds.
State or country) Mary land.	Secondary Secondary Ocology (Duration) Stackeeles From mos.
of 11 BIRTHPLACE DEFITIES	(Signed) ON SPACE M. D.
(State or country)	*State the DISEASE CAUSING DEATH, of, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
13 BIRTHPLACE OF MOTHER (State or country) Denna	OR REGENT RESIDENCE (FOR HOSPITALS, INSPITUTIONS, TRANSIENTS, At place in the of death yrs. mos. ds. State yrs. mos. ds.
(Informant) (Informant)	Where was disease contracted, If not at place of death? Former or usual residence
16 Filed 7/27, 1915 Harry Aura Registran	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 PLACE OF BURIAL 19 PLACE OF BURIAL 20 UNDERTAKEN ADDRESS ADDRESS
	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be entered as mine, ctc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Groecry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the material worked on may form part of the second Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever inever report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 6 1915
BUREAU,V.S.

County Washing Low	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Careo Co. (No.	Registration Dist. No. St.: Ward) [If death occurred in a hospital or institution, give its MAME insfead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Pemale. It wite of bright. Surgle.	16 DATE OF DEATH Mynth) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
7 AGE (Modth) (Day) (Year) 7 AGE (If LESS than 1 day, hrs. OR min.?	that I last saw h alive bn ,191 , to ,191 , and that death occurred on the date stated above, at LD, Em. The CAUSE OF DEATH: was as follows:
a Occupation (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	Stell born in faut delle Caucad by as play relion dul lo placenta prova (Duration) yrs. mos. ds.
10. NAME OF FATHER Pichard S. Sagle. 11 BIRTHPLACE OF FATHER (State or country) Thushes Mil.	(Signed) (Surallan) yrs. mos. ds. (Signed) (Signed) (Burallan) yrs. mos. ds. (Signed) (Mddress) Hay cook Mg *State the Disease Causing Death, or, in deaths from Violent
12 MAIDEN NAME OF MOTHER Margrit Jane Divilbies 13 BIRTHPLACE OF MOTHER Margrit Jane Divilbies (State or country) 14 MAIDEN NAME OF MOTHER Margrit Jane Divilbies 15 BIRTHPLACE OF MOTHER (State or country)	CAUSES, State (1) MEANS OF INJURY; and (2) Whether Accidental, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place to the of death
(informant) Fichard, 5, 5agle.	if not at piece of deeth? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed July 9 th, 1915 I President	Mancock Mil 7/8: 1915. 20 UNDERTAKER ADDRESS MELLICIES Son Hancock Md
If more blanks are needed, address State Registrar, 1	16 W. Saratogu St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH. employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully write None. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," mobile factory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Salesman, (b) t recery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Carl applies to each and every person, irrespective of age ness of various pursuits can be known. Housemaid, etc. business or industry, and therefore an additional line especially in industrial employments, it is necessary to For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If the occupation has been changed Architect, etc., without more If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," Lobar pneumonia, indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (c. g., sepsis, telanus) may be stated head-homicide; Poisoned by earbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," -"Collapse," "Conna," "Convulsions," "Debility" ("Con-Struck by railway train-accident; Revolver to determine definitely. Examples: Accidental drowning; "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephruis, etc. cough; Chronic "Tumor" for malignant neoplasms); Meastes; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of " "Old Age," "Shock," "Uracmin," "Weakness, The nature of the injury, as fracture of skull The contributory (secondary or intercurrulvular heart disease; Chronic interstitial State cause Never report mere (Recommendations "Exhaustion," ACCIDENTAL, unportant. for which wound of



N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING MARGIN RESERVED V. S. No. 1.

FOR

Gounty Mashington	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 308
Village or City Reed (No	St; Ward) [If death occurred in a hospital or institution, give its NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
G DATE OF BIRTH (Month) (Day) (Year)	that I last saw has allve on Say 3 , 1913
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 30 Pm, The GAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	Conquilet mattermation
which employed (or employer) BIRTHPLACE (State or country)	Contributory Crossellium yramosds.
10 NAME OF FATHER Walter & Shank 11 BIRTHPLACE OF FATHER OF FATHER 2 (State or country) Washing at C. M. C.	(Signed) As (Address) Anady Invited
State or country) Washing to Com, Com	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country) Wash Co M. D.	At place In the of death yrs mos ds. State yrs mos ds.
(Informant) Walter & Shared	Where was disease contracted, if not at place of death? Former or usual residence
15 Filed July 7, 1913 All Wishard REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Long Meadow July 1915 20 UNDERTAKER ADDRESS ADDRESS ADDRESS
pore blanks are needed, address State Registrar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaedent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for maig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-Never report Examples: of



BINDIN

ARGIN

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. mine, etc. Women at home, who are engaged in the Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of ago who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; cases, especially in industrial employments, it is nection is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speciit should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing dearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritoritis," etc. State cause for childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallsby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For vio-"Heart failurc," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomencla-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (secondary or intercurrent) Never report



UNFADING INK-THIS

WRITE PLAINLY, WITH

RECORD

PERMANENT

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.-

PLACE OF DEATH

12072

STATE OF MARYLAND CERTIFICATE OF DEATH

•		Registration Dist. No. 3/0
Vil	PULL NAME Ada Show?	St.; Ward) [If death occurred is a hospital or institution, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	Female 4 COLOR OR RACE SINGLE, MARRIED, Whole (Write the word) Single ATE OF BIRTH (Month) (Day (Year)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
		and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(b) bus wh	irticular kind of work.) General nature of industry, siness, or establishment in lich employed (or employer) IRTHPLACE (State or country)	Contributory Secondary
ARENTS	10 NAME OF FATHER Richard Show 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed)
Δ.	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds Where was disease contracted.
	(Informant) John H. G. M. KNOWLEDGE (Address) Harfero Horn Marinati	If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Fi	led July 5 Th 191 6 - O. M. le forms trins	Daniples Manor July 5, 1910 20 UNDERTAKER John M. ADDRESS Polivar M. Ma
	Il more manks are needed, address State Regist	par, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJUBY and qualify as childbirth or miscarriage as "Puerperal scptichaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustiou," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, which surgical operation was undertaken. For viocause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; (Recommendations on statement of or as probably



Registration Dist. No.	
Village or City Mareouf (No. St.; Ward) 2 FULL NAME Mary Elizabeth Sigler. [If death occurr a hospital or institution of street and number of street and n	ution, stead
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
17 I HEREBY CERTIFY That I attended deceased	915 Year) from 915,
7 AGE (Month) (Day) (Year) (If LESS than and that death occurred on the date stated above, at 3 7 5 5 6s. OR min.? The CAUSE OF DEATH * was as follows:	915 , 50m.
B OCCUPATION (a) Trade, profession, or Boats man. (b) General nature of industry business, or establishment in which employed (or employer) (c) Urrouse full stillat. (d) Urrouse full stillat. (e) Urrouse full stillat. (f) Urrouse fu	ds.
Secondary Society Falling. Secondary Secondar	ds, , M. b.
State or country) To Charot A. (State or country) To Charot A. (
(Informant) I Chain & Sigles . If not at place of dash? (Informant) St. Curner Consultation of the surface of dash? (Address) 156. Annow St. Curner Calculation of the surface of Burial Or Removal Sully 32d	•
15 Sancors & Md. Pathic Cem July 3rd, 11 20 UNDERTAKER ADDRESS REGISTRAR MEMCLUS Son Cancors C. If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requiesting V. S. No. 1.	ind

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Scruant, Cook wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as May lubover, Farm laborer, Laborer of the second statement. Never return mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foremon, only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used Housemaid, etc. employed, as At school or At home. Care should be "Foreman," "Manager," "Dealer," etc., without more know (a) the kind of work and also (b) the nature of the engineer, Stationary forman, etc. But in many cases, especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil applies to each and every person, irrespective of age taken to report specifically the occupations of persons business or industry, and therefore an additional line tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Coal mine, etc. For persons who have no occupation whatever various pursuits can be known. The question If the occupation has been changed Women at home, who are engaged in If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

mus," "Old Age," "Shock," "Uracmia," "Weakness," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (c. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INIURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or niscarriage as etc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonu rent) affection need not be stated unless important. nephritis, etc. to determine definitely. Examples: Accidental drowning; cause. symptoms or terminal conditions, such as "Asthenia, Example: Measles (disease eausing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meastes; Whooping Always qualify all diseases resulting from child-(secondary), 10 ds. The contributory (secondary or intercur-"Puerperal septichaemio," "Dropsy," Never report mere (Recommendations "Exhaustion,"



OCCUPATION IS PHYSICIANS RECORD PERMANENT THIS INK pe UNFADING ARGIN PLAINLY. plai 2 of Infor OF Item Every Item CAUSE OF Important.

Instructions

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL, CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH 5 SINGLE, MARRIED. WIDOWED, (Month) (Day (Year) Write the word I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE if LESS than and that desth occurred on the date stated above, 1 day,....hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) NTS 11 BIRTHPLACE OF FATHER State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country PARE 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Al place OF MOTHER (State or country) In the of death _____ yrs. ____ mos. State Where was disease contracted. 14 THE ABOVE IS TRUE TO if not at place of death? Former or usual residence. 19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER DORESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1/2

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mme, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaecause. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viogenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) Never report



BINDING

FOR

RESERVED

MARGIN

county Washington (2075)	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Name (No. ,	Registration Dist. No. St.; Ward) [If death eccorred in a hospital or institution, give its RAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED OR DIVORSE UN GLE Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That Vattended deceased from
Month) (Day) (Year)	that last saw H alive on 191
7 AGE If LESS than 1 day, hrs. Pr. min.?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in	Still-Buth (Duration) yrs. mos. ds.
which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary 5
10 NAME OF FATHER OWARD MITTER 11 BIRTHPLACE OF FATHER (State orrountry) 12 MAIDEN RAPE OF METHER 12 MAIDEN RAPE OF METHER	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (M. 0. *State, the Dispase Causing Death, or, in deaths from Violent Causes, stime (1) Means of Injury; and (2) whether Accidental, Sujerpar, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piece in the ef desth yrs. mes. ds. State, yrs. mos. ds. Where was disease contrasted,
(Informant) Howard Sun III,	if not at place of death? Former or usual residence
(Address) Janevila Sun	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL My 27, 1915
Filed	20 UNDERTAKER ADDRESS
REGISTRAR	Horaid mille Mancock
If more blanks are needed, address State Registrar,	6 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health 2]
Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," only when needed. As examples: (a) Spinner, (b) Cotton engineer, Stationary fireman, etc. But in many cases, ness of various pursuits can be known. "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, Locomotive engineer, If retired from The question (b) Auto-

SENT TO LOCAL REGISTRAR No.30 YDATE

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing death and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, unqualified, is indefinite); Tuberculosis of lungs, maximunqualified, is indefinite);

cause. on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uracmia," "Weakness," ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of head-homicide; Poisoned by carbolic acid-probably birth or miscarriage as "Puerperal septichaemia," etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conto determine definitely. "PUERPERAL perilonilis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping by railway train-accident; Revolver Always qualify all diseases resulting from child-The contributory (secondary or intercur-Examples: Accidental drowning; State cause for which Never report mere "Exhaustion, mound

If this certificate is looked byer thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and mustifie obtained before the certificate is permanently filed.

THREAU, V.S

BINDIN

ARGIN

CERTIFICATE OF DEATH

[Approved by U. S. Censns and American Public Health Association.]

cated thus: Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the pisease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. "Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-less of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaenus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a defluite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 6 1915
BUREAU, V.S.

VI S. No. 1.

stated EXACTLY. PHYSICIANS should state 1. Exact statement of OCCUPATION is yery A PERMANENT N. B.—Every item of information should be carefully supplied. AGE should be si CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate. UNFADING INK-THIS IS WRITE PLAINLY, WITH

1 PLACE OF DEATH



STATE OF MARYLAND

Cashington	CERTIFICATE OF DEATH
County	Registration Dist. No. 302
Village or City Hagess Town (No. 320, 1) 2FULL NAME Malinda	M. Side ave st.; 5 Ward) Slair Stickler [If death occurred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale Mu/c Single, Married, Widowed, Married (Write the word)	16 DATE OF DEATH (MC(h)) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (North) (Day (Year)	that I last saw has allegen of suly 3 1915
7 AGE It LESS than	and that death occurred on the date stated above, at /- 30 a.m.
6/ yrs mos 5 ds. 1 day hrs. or min. ?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or House Wife particular kind of work. (b) General privace at Industry.	Weets Britis
(b) General nature of Industry, business, or establishment in which employed (or employer)	Gouration? Tres mose Ods.
9 BIRTHPLACE (State or country) The sustand Pa.	Contributory Couls Cardiac dilatation Secondary
10 NAME OF FATHER James Blair	(Signed) (Duration) yrs mos / M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAID NO NAME OF MOTHER 24	*State the Disease Causing Death of in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental Suicine of Housen's Angles (3) whether Accidental Suicine (4) whether Accidental S
13 BIRTHPLACE 13 BIRTHPLACE 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds
(Informant) Storge 18. Spickler	Where was disease contracted, If not at place of death? Former or Usual residence.
320 (Addessed Side are Hagus founded	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
Filed 1/16-, 1915 Hoenny Davis	Rose Hill Hagerstown July 6, 1915 20 UNDERTAKER ADDRESS ADDRESS
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Housewife, Housework, or At Home, and children, not the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

etc., when a definite disease can be ascertained as the nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles (disease causing SUICIDAL, or HOMICIDAL, or as probably (Recommendations on statement of (secondary or intercurrent) death), 29 ds.;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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BINDING

RESERVED

SIA	Cour	nty Washing love	CERTIFICATE C	OF DEATH
Sicarten			Registration Di	st. No. 201
t sta	Villa	go or City Rogerstone (No. 242 &	Mullberry 3; 3 Ward)	[It death occurred in a hospital or institution,
×ac			/	give its NAME instead of street and number.]
CTL		2 FULL NAME Mary aref String	<u></u>	al stices and indimet.
ified		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
stated E	3 SE	4 COLOR OR RACE 5 SINGLE, MARRIEO, MONOWEO OR DIVORCED (Write the word)	16 OATE OF OEATH July (Month)	3/4 , 1915 (Year)
proper	6 DA	Joh 15 , 1837	July & 1915, to July that I last saw her alive on July	ey 25' ,1915.
she y be of c	7 AG	(Morely) (Day) (Year)	and that death occurred on the date st	
AGE it ma		1 day, hrs. OR min.?	The CAUSE OF DEATH & was as follow	
that on b	(2	CCUPATION 1) Trade, profession, or	Valnulas Llinere	of Hent
so so	(b	rticular kind of work Due 1		<i></i>
ly s ruct		siness, or establishment in circle employed (or employer)	(Durstion)	yrsmosds.
n te	9 8	IRTHPLACE (State or country)	Contributory	
o e ai		10 NAME OF	Ocropsy (Ouration)	утз mos ds.
ATH in		FATHER David Donne	(Signed)	man M.O.
	NTS	11 BIRTHPLACE' OF FATHER	July 3/4, 1913 (Address) Okage	
DE/ npo	E E	(State or country) Mary Laure	*State the DISEASE CAUSING DEATH or CAUSES, state (1) MEANS OF INJURY; and SUICIDAL OF HOMICIDAL.	(2) whether ACCIDENTAL,
Ty is	PA	of MOTHER Oreline Nuthrand	18 LENGTH OF RESIDENCE (FOR HOSPITALS	INSTITUTIONS, TRANSIENTS,
JSE s ve		of MOTHER (State or country) May land	At place In the	yrsds.
CAU	14 TI	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE	Where was disease contracted, If not at place of death?	
m o tate		(Interment) Mastrie Strice	Former or usual residence	228.75
y ite		(Address) Hayerstone	19 PLACE OF BURIAL OR REMOVAL	OATE OF BURIAL
Ever	15	(Address) Co. 4 S. Co. Co.	Hayer tourne	Acuseus 12 191.5.?
	File	ed / 31 , 1915 Sterry Rais	20 UNDERTAKER	ADORESS
ż		If more blanks are needed, address State Registrar, 1	16 W. Saratoga St. Batto. Requesting V. S. No. 1	May listeni
- 01		and bedding address other registrat,	The state of the s	

STATE OF MARYLAND

12078

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

the duties of the household only (not paid Housekeepers write None business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mill; (a) Solesman, (b) Grocery; (a) Foremon, only when needed. As examples: (a) Spinner, (b) Collon mobile factory. is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stotionary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physibusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Coal nine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Compositor, Architect, very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part At home. Care should be Never return Locomotive If retired from engineer, "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telonus) may be stated head-homicide; Poisoned by Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL perilonities," etc. State cause for which birth or miscarriage as "PUERPERAL scotchaemia, mus," "Old Age," "Shock," "Uracmia," "Weakness, on Nomenclature of the American Medical Association.) to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage." "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy; lapse," "Coma," "Convulsions," "Debility", symptoms or terminal conditions, such as "Asthenia, скорпситоніа Example: Meosles (discase causing death), 29 ds.; Bronrent) affection need not be stated unless' nephritis, etc. cough; Chronic valvular heart discose; Chronic interstitiat "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonacum, etc., Carcinomo, Sarcoma, etc., of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull (secondary), 10 ds. The contributory (secondary or intercur-"Dropsy," carbolic acid-probably Never report mere "Atrophy," "Col-"Exhaustion, important.



ated EXACTLY. PH Exact statement of PERMANENT stated supplied. AGE should be si may be properly classified. 4 UNFADING INK-THIS IS carefully pinous PLAINLY, of information WRITE

DEATH in piain terms, so that it masses instructions on back of certificate.

N. B.—Every Item of CAUSE OF I

PHYSICIANS should state of OCCUPATION is very

RECORD

PLACE OF DEATH

STATE OF MARYLAND

county Washington	CERTIFICATE OF DEATH
0,_	Registration Dist, No. 20
Village or City Hagerslown (No. 1)	U. Washingtowst.; Ward) [If death occurred in a hospital or institution, give its NAME instead
FULL NAME Transfur child of	Livin 4 Stonestraker and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, Suigle ORDIVORCED ORDIVORCED (Write the word)	(Month) (Day (Year)
B DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
Month (Day (Year)	that (last saw h alive on 1913,
7 AGE If LESS than t day,hrs.	and that death occurred on the date stated above, at
s occupation	Thremature Buth
(a) Trade, profession, or	J. eg.
oparticular kind of work	I flore Jakation
business, or establishmeol in which employed (or employer)	(Ouration) yrs mos ds.
9 BIRTHPLACE (State or country) Many land.	Contributory Secondary
10 NAME OF LEITH Stourbraker.	(Signed) (Ouration) Pyrs mos os
of Father (State or country) Manuland	July 27, 191 5 (Address) Afrigerston ma
OFFATHER (State or country) Mary Land 12 Maiden Name OF MOTHER Charlotts Melania	State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether Accipen-
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Leven Stoyabraker	Former or osual residence.
(Address) Lagerslown, ma	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Fled 7/22 - 101 5 26 04M1 1 10471	20 UNDERTAKEN ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

No. 20

[Approved by U. S. Census and American Public Health Association.]

Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as gainfully employed, as At school or At home. Care cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeeper's mine, ctc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of ago been changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons Prccise statement of occupa-The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligsuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
AUG 6 1915
BUREAU, V.S.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. N. 1.

1 PLACE OF DEATH

STATE OF MARYLAND

CERTIFICATE OF DEATH

[If death occurred in a hospital or institution.

(Year)

give its NAME Instead of street and number.]

about

BURIAL

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civit engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of ageness of various pursuits can be known. The question been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coul (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and caugation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercalesis of Jungs, meninges, peritonacum, etc., Carcin-

mia," "Puerrenal peritonilis," etc. State cause for childbirth or miscarriage as "Puerperal septibilities cause. Always qualify all diseases resulting Trom etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakhess," genital," "Schile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstillu nant neoplasms); Measles; Whooping calghil Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Inras "Collapse," "Coma," "Convulsions," "Debility" Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-"Contributory." is less definite; avoid use of "Tumor" for malle The contributory (secondary or intercurrent) Meastes (disease causing death), 29 ds.; (Recommendations on statement of "Exhaustlon," Never report dephritis, /("Con-





should ION Is OCCUPATION PHYSICIANS RECORD PERMANENT UNFADING certificate. 50 back DEAT See Every Item CAUSE OF Important.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in -Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED,/ (Year) ORDIVORCED (Write the word That I attended deceased from CERTIFY (Year) (Month) (Day 7 AGE If LESS than 1 dayhrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) _____vrs.____vrs.___ which employed (or employer) ⁹BIRTHPLACE (State or country) Contributory. Secondary (Buration) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT AUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-(State or country TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country of death yrs. mos. ds. State yrs. ____ mos. Where was disease contracted. If not at place of death? Former or usuai residence BURIAL OR REMOVAL DATE OF BURIAL 16 20 UNDERTAKER ADDRESS REGISTRAR

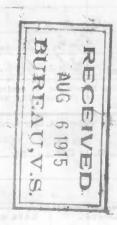
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No.

[Approved by U. S. Census and American Public Health Association.].

statement. Never return "Laborer," "Forcman," "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

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injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report by earbolic acid-probably suicide. The nature of the which surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing dcath), 29 ds.; "Scnile," etc.), "Dropsy," (Recommendations on statement of State cause for "Exhaustion," For vio-



1 PLACE OF DEATH STATE OF MARYLAND PHYSICIANS CERTIFICATE OF DEATH Registration Dist. No. It death occurred in -Ward) a hospital or institution. give its NAME instead EXACTLY of street and number. RECORD AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE 3 SEX 16 DATE OF DEATH 4 COLOR OR EACE stated MARRIED, PERMANENT WIDOWED OR DIVORCED (Month) That I attended deceased from OZIO 6 DATE OF BIRTH 0 should 0 (Year) Q 7 AGE If LESS than Se and that death occurred on the date stated above. Id 1 day, hrs. O E The CAUSE OF DEATH * was as tollows: min. ? THIS D that 8 OCCUPATION no plied (a) Trade, profession, or particular kind of work Dis (b) General nature of todustry structions, business, or establishment in UNFADING (Duration) vrs. which employed (or employer Contributory BIRTHPLACE Secondary care (State or country) 2 COL 0 20 1D NAME OF 0 0 5 pino mportant. I (1) 11 BIRTHPLACE ENT Q. rate the PISEASE CAUBING DEATH, or, in death's from VIOLENT (State or country 50 [a] state (1) MTANS OF INJURY; and (2) whether ACCIDENTAL, 0. 12 MAIDEN NAME 0 4 OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 10 O 0 EW 13 BIRTHPLACE At place inform O OF MOTHER of death State,yrs. should state CA Where was disease contracted, if not at place of deeth? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL . 191... 15 20 UNDERTAKER ADDRESS m Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook, who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-Locomotive engineer, Civil (a) Spinner, (b) Cotton If retired from (b) Auto-

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genital," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by earbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: surgical operation was undertaken. For violent deaths "Heart failure," "Heemorrhage," "Inanition," "Maramus," "Old Age," "Shock," "Uracmia," "Weakness, state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childctc., when a definite disease can be ascertained as the "Anzenia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... by railway train-accident; Revolver The nature of the injury, as fracture of skull "Senile," etc.), "Dropsy," State cause for which Never "Exhaustion," report mere " "Maraswound of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 2 1915
BURFAILVE

PLACE OF DEATH STATE OF MARYLAND PHYSICIANS t statement of CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or institution. give its NAME instead of street and number.] AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX SINGLE, 16 DATE OF GEATH MARRIEO. WIOOWEO OR DIVORCED certificate I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH Month) 7 AGE It LESS than 10 and that death occurred on the date stated above, at 1 day, hrs. was as follows: OR min. ? 0 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry Instruct business, or establishment in (Durstien)yrs.... which employed (or employer 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER Important. PARENTS 11 BIRTHPLACE OF FATHER (State or country State the DISEASE CAUSINO DEATH, or, in deaths from CAUSES, state (1) MEANS OF INJUST; and (2) whether Acc whether Accinental 12 MAIOEN NAME SUICIDAL OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At pisce la the OF MOTHER Stats, (0) (State or country) of death yrs. mes. should state CAL Where wes disease coefrected, if not at place of death?..... Former or usuaj residence DATE OF BURIAL 15 20 UNDE REGISTRAR ż If more blanks are needed, address State Registrar, 16 W. Saratoga St., Baftof, Requesting V. S. No. 1.



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on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably surgical operation was undertaken. For violent deaths cough; Chronic valvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) and consequences (e. g., scpsis, telanus) may be stated to determine definitely. Examples: Accidental drowning, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as "PUERPERAL perilonitis," etc. birth or miscarriage as "Puerperal septichuemio," ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (seeondary), 10 ds. "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Corcinomo, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of cause. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-The contributory (secondary or intercur-State cause for which Never report mere ACCIDENTAL,



should is OCCUPATION Registration Dist. No. PHYSICIANS Ward) RECORD PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH ERMANENT 5 SINGLE, 3 SEX 4 COLOR OR RACE DATE OF DEATH MARRIED, WIDOWED, ORDIVERCED (Write the word) (Month) DATE OF BIRTH (Month) (Day (Year) TAGE if LESS than 1 dayhrs. THIS OR min. ? BOCCUPATION (a) Trade, protession, or (b) General nature of industry, UNFADING business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) ARENT OF FATHER (State or countr 12 MAIDEN NAME OF MOTHER OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death _____ yrs. ___ mos. . ds. Where was disease contracted. MY KNOWLEDGE if not at piace of death? 50 Former or OF usual residence. Every Iter CAUSE C PEACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER m REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

STATE OF MARYLAND CERTIFICATE OF DEATH

Fit death occurred in a hospital or institution, give its NAME Instead ot street and number.]

OF BURIAL

(Day (Year) I HERESY CERTIFY, That I attended deceased from *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, in the State _____ yrs, ____ mos. ___

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[Approved by U. S. Census and American Public Health Association.]

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		PLACE OF DEATH	STATE OF MARYLAND
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	Out	The state of the s	Registration Dist. No. 3.02
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	Villa	ge or City Coyerslaw (No. Wash C	Two files; Ward) [If death eccurred in a hospital or institution.
		11-1-1-1	give its NAME Instead
		FULL NAME Tellarles MUSO	ייי או פון אוני פון אוני פון
		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SE	alo Married, Willette word)	16 DATE OF DEATH (Xonth) (Day) (Year)
	in	ATE OF BIRTH 19	17 HEREBY CERTIFY, That lattended deceased from
	~ D)	10 10	July 191, 1915, to July 25, 191/05
		(Month) (()Ay) (Year)	that I just saw he inalive on fully 25, 1915.
	TAG		and that death occurred on the date stated bove, at 5 7m.
5		yrs mos ds OR min.?	The CAUSE OF DEATH * was as follows:
	B OCCUPATION		
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		siness, or establishment in iich employer)	(Buration) yrs. mes. 7 ds.
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		(State or country) May aud	(Durelieft): yrs. mos. 4s
		10 NAME OF S US	(Signed) It I Deusear , M. O.
	(J)	a A Nilsole	July 2 618105 (Address) Hagerstown Ms
	FN	11 BIRTHPLACE OF FATHER (State or country)	State the DISEASE CAUSINO DEATH, J. in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental,
	OC.	12 MAIOEN NAME O A A A A A	CAUSES, STATE (1) MEANS OF INJURY; and (2) whether Accidental, Subsidial or Homicidal.
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		13 BIRTHPLACE OF MOTHER	OR RECENT RESIDENTS) At place
2	-	(State or country)	ol deathyrsmesds. State,yremesds. Where was disease contracted,
5	(Informant) Select South		If not at place of death?
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		Walley of David Soul	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
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1	FI	7-26- 112 Theune Dains	20 UNDERTAKER ADDRESS
	ru	REGISTRAR	It Coldulare Recentions
	-	If more blanks are needed, address State Registrar, 1	16 W. Saratoga Sc., Balto., Requesting V. S. No. 1.

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write None. state occupation at beginning of illness. employed, as At school or At home. Care should be -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Scrvant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., mobile factory. mill; (a) Salesman, (b) Croeery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. ness of various pursuits can be known. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, But in many eases, If retired from without more The question (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar menumonia, Bronchopneumonia ("Pneumonia, meningitis"); Tuberculosis of lungs, meningungualified, is indefinite); Tuberculosis of lungs, meningungualified.

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," suicide. The nature of the injury, as fracture of skull to determine definitely. Examples: Accidental drowning; "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," chopncumonia (seeondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephribs, etc. The contributory (secondary or intercurcough; Chronic valvular heart discase; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is-less definite; avoid use of or miscarriage railway train-accident; Revolver as "PUERPERAL septichaemia," State cause for which Never report mere "Exhaustion," important. wound of



UNFADING INK-THIS IS

PHYSICIANS should state of OCCUPATION IS very

lated EXACTLY. I PERMANENT

stated

properly classified.

DEATH in plain

N. B.—Every Item of Information CAUSE OF DEATH in plai Important. See instructions

AGE

RECORD

12086 1 PLACE OF DEATH

County Washingla:
Village or City Rohresselle



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 307

.....Ward)

[If death occurred in a hospifal or institution,

FULL NAME QUBAN	Urnfield give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale While the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY SERTIFY, That I attended deceased from
TAGE Control Control	that I last saw her alive on July 2, 1913 and that death occurred on the date stated above, at 2 Qcm. The CAUSE OF DEATH+ was as follows:
yrs mos ds or min.? 8 occupation (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Desilete, with differing of train much the verse, of the bullie crease
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State of country) 12 Maiden Name OF Mother OF Mother	Contributory Mallisicalism, Orfic Cially of Secondary (Signed) (Buration) yrs mos ds (Signed) (Address) , M. D. *State the Diseane Causing Death, or, in, deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. Elva Cloffor	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds Where was disease confracted, if not at place of death? former or usual residence.
(Address) Rohrershelf MC 15 Filed July 24, 1913 - C. D. Bake, Mc Avail Régistran If more blanks are needed, address State Regis	19 PLACE OF BURIAL OR REMOVAL Abress Countant Country About 191. About 191



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." sepsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-The contributory "Old Agc," "Shock," "Uraemia," "Weakness," Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 5:915
BUREAU, V.S.